COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/osd under OSD Forms.

CONTRACTOR LEGAL NAME: **TOWN OF ABINGTON**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 500 GLINIEWICZ WAY ABINGTON, MA 02351-2058	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: SUZANNE DJUSBERG	**Billing Address (if different):**
E-Mail: Sdjusberg@abingtonma.gov	**Contract Manager: Stacey O'Connell**
Phone: 781-982-2145 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 6 8 8	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A A B I N G T O N 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$33,540.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**
X:_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)**	**X:**_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)**
Print Name:_____. **Print Title:** _____.	**Print Name:** _____. **Print Title:** _____

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CONTRACTOR LEGAL NAME: **TOWN OF ACTON**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 472 MAIN ST ACTON, MA 01720-3952	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: SHARON MERCURIO	**Billing Address (if different):**
E-Mail: smercurio@acton-ma.gov	**Contract Manager: Stacey O'Connell**
Phone: 978-929-6652 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 6 8 9	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A A C T O N 0 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$43,932.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **TOWN OF ACUSHNET**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 122 MAIN ST ACUSHNET, MA 02743-1548	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: HEATHER SYLVIA	**Billing Address (if different):**
E-Mail: hsylvia@acushnet.ma.us	**Contract Manager: Stacey O'Connell**
Phone: 508-998-0280 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 6 9 0	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A A C U S H N E T 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$27,949.72**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **TOWN OF ADAMS**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 8 PARK ST ADAMS, MA 01220-2053	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: ERICA GIRGENTI	**Billing Address (if different):**
E-Mail: egirgenti@town.adams.ma.us	**Contract Manager: Stacey O'Connell**
Phone: 413-743-8333 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 6 9 1	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A A D A M S 0 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
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The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$26,160.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **TOWN OF AGAWAM**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 36 MAIN ST AGAWAM, MA 01001-1801	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: MICHAEL SQUINDO	**Billing Address (if different):**
E-Mail: msquindo@agawam.ma.us	**Contract Manager: Stacey O'Connell**
Phone: 413-821-0605 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 6 9 2	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A A G A W A M 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$75,530.31**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF ALFORD**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 5 ALFORD CENTER RD GREAT BARRINGTON, MA 01230-8920	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: DEBBIE BLACKWELL	**Billing Address (if different):**
E-Mail: alford@berkshire.net	**Contract Manager: Stacey O'Connell**
Phone: 413-528-9238 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 6 8 7	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A A L F O R D 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$6,000.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF AMESBURY**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 62 FRIEND ST AMESBURY, MA 01913-2825	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: DOREEN ARNFIELD	**Billing Address (if different):**
E-Mail: arnfieldd@amesburyma.gov	**Contract Manager: Stacey O'Connell**
Phone: 978-388-8138 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 6 9 3	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A A M E S B U R Y 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$35,892.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF AMHERST**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 4 BOLTWOOD AVE AMHERST, MA 01002-2301	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: NANCY H. PAGANO	**Billing Address (if different):**
E-Mail: paganon@amherstma.gov	**Contract Manager: Stacey O'Connell**
Phone: 413-259-3114 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 6 9 5	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A A M H E R S T 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**
X NEW CONTRACT **PROCUREMENT OR EXCEPTION TYPE: (Check one option only)** **Statewide Contract** (OSD or an OSD-designated Department) **Collective Purchase** (Attach OSD approval, scope, budget) **Department Procurement** (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) **Emergency Contract** (Attach justification for emergency, scope, budget) **Contract Employee** (Attach Employment Status Form, scope, budget) **X Legislative/Legal or Other**: (Attach authorizing language/justification, scope and budget	**CONTRACT AMENDMENT** Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___. Enter **Amendment Amount**: $_____. (or "no change") **AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)** **Amendment to Scope or Budget** (Attach updated scope and budget) **Interim Contract** (Attach justification for Interim Contract and updated scope/budget) **Contract Employee** (Attach any updates to scope or budget) **Legislative/Legal or Other:** (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$48,180.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**
X:_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:**_____. **Print Title:** _____.	**X:**_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:** _____. **Print Title:** _____

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CONTRACTOR LEGAL NAME: **TOWN OF ANDOVER**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 36 BARTLET ST ANDOVER, MA 01810-3841	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: JEMMA LAMBERT	**Billing Address (if different):**
E-Mail: jemma.lambert@andoverma.us	**Contract Manager: Stacey O'Connell**
Phone: 978-623-8225 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 6 9 6	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A A N D O V E R 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**
X NEW CONTRACT **PROCUREMENT OR EXCEPTION TYPE: (Check one option only)** **Statewide Contract** (OSD or an OSD-designated Department) **Collective Purchase** (Attach OSD approval, scope, budget) **Department Procurement** (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) **Emergency Contract** (Attach justification for emergency, scope, budget) **Contract Employee** (Attach Employment Status Form, scope, budget) **X Legislative/Legal or Other**: (Attach authorizing language/justification, scope and budget	**CONTRACT AMENDMENT** Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.** Enter **Amendment Amount**: $_____. (or "no change") **AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)** **Amendment to Scope or Budget** (Attach updated scope and budget) **Interim Contract** (Attach justification for Interim Contract and updated scope/budget) **Contract Employee** (Attach any updates to scope or budget) **Legislative/Legal or Other:** (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____ Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$77,364.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**
X:_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:**_____. **Print Title:** _____.	**X:**_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:** _____. **Print Title:** _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF AQUINNAH**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 65 STATE RD AQUINNAH, MA 02535-1345	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: JOYCE ALBERTINE	**Billing Address (if different):**
E-Mail: upicoa@comcast.net	**Contract Manager: Stacey O'Connell**
Phone: 508-693-2896 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 9 6	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A A Q U I N N A H 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$6,000.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF ARLINGTON**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 730 MASSACHUSETTS AVE ARLINGTON, MA 02476-4906	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: SUSAN CARP	**Billing Address (if different):**
E-Mail: scarp@town.arlington.ma.us	**Contract Manager: Stacey O'Connell**
Phone: 781-316-3401 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 6 9 8	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A A R L I N G T O N 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$111,780.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF ASHBURNHAM**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 32 MAIN ST ASHBURNHAM, MA 01430-4202	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: JAN ROBBINS	**Billing Address (if different):**
E-Mail: jrobbins@ashburnham-ma.gov	**Contract Manager: Stacey O'Connell**
Phone: 978-827-5000 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 6 9 9	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A A S H B U R N H A M 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
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X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$11,652.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
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Print Title: _____

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CONTRACTOR LEGAL NAME: **TOWN OF ASHBY**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): PO BOX 155 ASHBY, MA 01431-0155	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: COREY HARJU	**Billing Address (if different):**
E-Mail: coa@ashbyma.gov	**Contract Manager: Stacey O'Connell**
Phone: 978-386-2424 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 0 0	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A A S H B Y 0 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
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Contract Employee (Attach Employment Status Form, scope, budget)
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CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
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The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$6,000.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF ASHFIELD**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): PO BOX 560 ASHFIELD, MA 01330-0560	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: CATHY BUNTIN	**Billing Address (if different):**
E-Mail: sfsrctr@crocker.com	**Contract Manager: Stacey O'Connell**
Phone: 413-625-2502 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 0 2	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A A S H F I E L D 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$5,986.31**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF ASHLAND**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 101 MAIN ST ASHLAND, MA 01721-1193	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: JOANNE DUFFY	**Billing Address (if different):**
E-Mail: jduffy@ashlandmass.com	**Contract Manager: Stacey O'Connell**
Phone: 508-881-0140 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 0 3	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A A S H L A N D 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
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Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

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X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$33,300.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF ATHOL**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 584 MAIN ST ATHOL, MA 0133-11824	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: CATHY A. SAVOY	**Billing Address (if different):**
E-Mail: coa@townofathol.org	**Contract Manager: Stacey O'Connell**
Phone: 978-249-8986 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 0 4	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A A T H O L 0 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
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Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$28,932.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
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CONTRACTOR LEGAL NAME: **CITY OF ATTLEBORO**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 77 PARK ST ATTLEBORO, MA 02703-2334	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: MADELEINE MCNIELLY	**Billing Address (if different):**
E-Mail: coa@cityofattleboro.us	**Contract Manager: Stacey O'Connell**
Phone: 774-203-1900 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 7 2	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A A T T L E B O R O 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

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Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
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X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$59,410.19**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF AUBURN**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 104 CENTRAL ST AUBURN, MA 01501-2343	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: JEAN BOULETTE	**Billing Address (if different):**
E-Mail: jboulette@town.auburn.ma.us	**Contract Manager: Stacey O'Connell**
Phone: 508-832-7799 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 0 6	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A A U B U R N 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$47,844.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF AVON**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 65 E MAIN ST AVON, MA 02322-1435	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: GENE MAZZELLA	**Billing Address (if different):**
E-Mail: gmazzella@avon-ma.gov	**Contract Manager: Stacey O'Connell**
Phone: 508-559-0060 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 0 8	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A A V O N 0 0 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$12,240.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **TOWN OF AYER**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 1 MAIN ST AYER, MA 01432-1365	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: KARIN DYNICE-SWANFELD	**Billing Address (if different):**
E-Mail: KDSWANY@aol.com	**Contract Manager: Stacey O'Connell**
Phone: 978-772-8260 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 0 9	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A A Y E R 0 0 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$14,148.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF BARNSTABLE**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 367 MAIN ST HYANNIS, MA 02601-3919	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: MADELINE NOONAN	**Billing Address (if different):**
E-Mail: madeline.noonan@town.barnstable.ma.us	**Contract Manager: Stacey O'Connell**
Phone: 508-862-4759 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 1 0	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A B A R N S T A B L E 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
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Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$154,140.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF BARRE**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 40 WEST ST BARRE, MA 01005-9289	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: EILEEN CLARKSON	**Billing Address (if different):**
E-Mail: coa@townofbarre.com	**Contract Manager: Stacey O'Connell**
Phone: 978-355-5004 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 1 1	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A B A R R E 0 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$11,844.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF BEDFORD**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 10 MUDGE WAY BEDFORD, MA 01730-2193	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: ALISON CSERVENSCHI	**Billing Address (if different):**
E-Mail: acservenschi@bedfordma.gov	**Contract Manager: Stacey O'Connell**
Phone: 781-275-6825 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 1 3	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A B E D F O R D 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$39,516.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **TOWN OF BELCHERTOWN**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): PO BOX 607 BELCHERTOWN, MA 01007-0607	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: JESSICA LANGLOIS	**Billing Address (if different):**
E-Mail: jlanglois@belchertown.org	**Contract Manager: Stacey O'Connell**
Phone: 413-323-0420 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 1 4	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A B E L C H E R T O W N 0 0 **RFR/Procurement or Other ID Number: Grant Award**
X NEW CONTRACT **PROCUREMENT OR EXCEPTION TYPE: (Check one option only)** **Statewide Contract** (OSD or an OSD-designated Department) **Collective Purchase** (Attach OSD approval, scope, budget) **Department Procurement** (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) **Emergency Contract** (Attach justification for emergency, scope, budget) **Contract Employee** (Attach Employment Status Form, scope, budget) **X Legislative/Legal or Other**: (Attach authorizing language/justification, scope and budget	**CONTRACT AMENDMENT** Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.** Enter **Amendment Amount**: $_____. (or "no change") **AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)** **Amendment to Scope or Budget** (Attach updated scope and budget) **Interim Contract** (Attach justification for Interim Contract and updated scope/budget) **Contract Employee** (Attach any updates to scope or budget) **Legislative/Legal or Other:** (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____ Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$28,920.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**
X:_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:**_____. **Print Title:** _____.	**X:**_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:** _____. **Print Title:** _____

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CONTRACTOR LEGAL NAME: **TOWN OF BELLINGHAM**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 10 MECHANIC ST BELLINGHAM, MA 02019-3150	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: JOSIE DUTIL	**Billing Address (if different):**
E-Mail: jdutil@bellinghamma.org	**Contract Manager: Stacey O'Connell**
Phone: 508-657-2705 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 1 5	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A B E L L I N G H A M 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
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Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
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CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
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X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

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__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$34,092.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF BELMONT**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): PO BOX 56 BELMONT, MA 02478-0900	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: NAVA NIV-VOGEL	**Billing Address (if different):**
E-Mail: nnivvogel@belmont-ma.gov	**Contract Manager: Stacey O'Connell**
Phone: 617-993-2970 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 1 7	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A B E L M O N T 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$63,696.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF BERKLEY**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 1 N MAIN ST BERKLEY, MA 02779-1336	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: CINDY CRIMLISK	**Billing Address (if different):**
E-Mail: coa.director@berkleyma.us	**Contract Manager: Stacey O'Connell**
Phone: 508-821-3105 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 1 9	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A B E R K L E Y 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$10,752.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF BERLIN**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 23 LINDEN ST STE 8 BERLIN, MA 01503-1669	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: HOLLIE LUCHT	**Billing Address (if different):**
E-Mail: coadirector@townofberlin.com	**Contract Manager: Stacey O'Connell**
Phone: 978-838-2750 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 2 0	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A B E R L I N 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$8,544.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF BERNARDSTON**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): PO BOX 504 BERNARDSTON, MA 01337-0504	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: HAYLEY BOLTON	**Billing Address (if different):**
E-Mail: coa@townofbernardston.org	**Contract Manager: Stacey O'Connell**
Phone: 413-648-5413 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 2 2	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A B E R N A R D S T O N 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
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Contract Employee (Attach Employment Status Form, scope, budget)
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CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
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The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$6,732.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **CITY OF BEVERLY**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 191 CABOT ST BEVERLY, MA 01915-5849	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: MARYANN HOLAK	**Billing Address (if different):**
E-Mail: mholak@beverlyma.gov	**Contract Manager: Stacey O'Connell**
Phone: 978-921-6017 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: VC6000192074	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** FY20COABEVERLY000000 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$98,206.59**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

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CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF BILLERICA**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): PO BOX 596 BILLERICA, MA 01821-0596	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: JEAN BUSHNELL	**Billing Address (if different):**
E-Mail: jbushnell@town.billerica.ma.us	**Contract Manager: Stacey O'Connell**
Phone: 978-671-0916 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 2 3	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A B I L L E R I C A 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$87,144.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **TOWN OF BLACKSTONE**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 8 TURCOTTE MEMORIAL DR ROWLEY, MA 01969-1706	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: LAURIE KEEFE	**Billing Address (if different):**
E-Mail: lkeefe@townofblackstone.org	**Contract Manager: Stacey O'Connell**
Phone: 508-876-5135 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 2 4	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A B L A C K S T O N E 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$18,019.03**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF BLANDFORD**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 102 MAIN ST BLANDFORD, MA 01008-9800	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: MARGIT MIKUSKI	**Billing Address (if different):**
E-Mail: mmikuski@townofblandford.com	**Contract Manager: Stacey O'Connell**
Phone: 413-848-4279 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 2 5	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A B L A N D F O R D 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
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CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
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X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

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__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$6,000.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF BOLTON**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): PO BOX 127 BOLTON, MA 01740-0127	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: SHEILA G. CHMIELOWSKI	**Billing Address (if different):**
E-Mail: coa@townofbolton.com	**Contract Manager: Stacey O'Connell**
Phone: 978-779-3313 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 2 6	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A B O L T O N 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$9,168.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **CITY OF BOSTON**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 1 CITY HALL AVE BOSTON, MA 02108-4309	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: EMILY SHEA	**Billing Address (if different):**
E-Mail: melissa.carlson@boston.gov	**Contract Manager: Stacey O'Connell**
Phone: 617-635-4375 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 7 5	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A B O S T O N 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**
X NEW CONTRACT **PROCUREMENT OR EXCEPTION TYPE: (Check one option only)** **Statewide Contract** (OSD or an OSD-designated Department) **Collective Purchase** (Attach OSD approval, scope, budget) **Department Procurement** (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) **Emergency Contract** (Attach justification for emergency, scope, budget) **Contract Employee** (Attach Employment Status Form, scope, budget) **X Legislative/Legal or Other**: (Attach authorizing language/justification, scope and budget	**CONTRACT AMENDMENT** Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___. Enter **Amendment Amount**: $_____. (or "no change") **AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)** **Amendment to Scope or Budget** (Attach updated scope and budget) **Interim Contract** (Attach justification for Interim Contract and updated scope/budget) **Contract Employee** (Attach any updates to scope or budget) **Legislative/Legal or Other:** (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$1,056,840.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**
X:_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:**_____. **Print Title:** _____.	**X:**_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:** _____. **Print Title:** _____

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CONTRACTOR LEGAL NAME: **TOWN OF BOURNE**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 130 MAIN ST BUZZARDS BAY, MA 02532-3221	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: FELICE MONTEIRO	**Billing Address (if different):**
E-Mail: fmonteiro@townofbourne.com	**Contract Manager: Stacey O'Connell**
Phone: 508-759-0600 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 2 7	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A B O U R N E 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$61,992.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF BOXBOROUGH**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 29 MIDDLE RD BOXBOROUGH, MA 01719-1430	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: LAUREN ABRAHAM	**Billing Address (if different):**
E-Mail: labraham@boxborough.ma.gov	**Contract Manager: Stacey O'Connell**
Phone: 978-264-1700 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 2 8	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A B O X B O R O U G H 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

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CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
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AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
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X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$8,544.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF BOXFORD**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 28 MIDDLETON RD BOXFORD, MA 01921-2336	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: PAM BLAQUIERE	**Billing Address (if different):**
E-Mail: pblaquiere@town.boxford.ma.us	**Contract Manager: Stacey O'Connell**
Phone: 978-887-3591 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: VC6000191730	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** FY20COABOXFORD000000 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$18,732.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF BOYLSTON**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 221 MAIN ST BOYLSTON, MA 01505-2037	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: JUDITH WHITE	**Billing Address (if different):**
E-Mail: jjwhite99@yahoo.com;	**Contract Manager: Stacey O'Connell**
Phone: 508-365-4058 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 3 1	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A B O Y L S T O N 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$10,591.93**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF BRAINTREE**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 2 JOHN F KENNEDY MEMORIAL DR BRAINTREE, MA 02184-6425	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: SHARMILA BISWAS	**Billing Address (if different):**
E-Mail: sbiswas@braintreema.gov	**Contract Manager: Stacey O'Connell**
Phone: 781-848-1963 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 3 3	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A B R A I N T R E E 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$96,528.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF BREWSTER**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 2198 MAIN ST BREWSTER, MA 02631-1852	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: DENISE REGO	**Billing Address (if different):**
E-Mail: drego@town.brewster.ma.us	**Contract Manager: Stacey O'Connell**
Phone: 508-896-2737 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 3 4	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A B R E W S T E R 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$35,638.88**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF BRIDGEWATER**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 64 CENTRAL SQ BRIDGEWATER, MA 02324-2550	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: EMILY WILLIAMS	**Billing Address (if different):**
E-Mail: ewilliams@bridgewaterma.org	**Contract Manager: Stacey O'Connell**
Phone: 508-697-0929 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 3 5	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A B R I D G E W A T E R 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$49,032.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF BRIMFIELD**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 21 MAIN ST BRIMFIELD, MA 01010-9744	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: EVA PITTSINGER	**Billing Address (if different):**
E-Mail: coa-director@brimfieldma.org	**Contract Manager: Stacey O'Connell**
Phone: 413-245-7253 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 3 6	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A B R I M F I E L D 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$9,036.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **CITY OF BROCKTON**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 45 SCHOOL ST BROCKTON, MA 02301-4049	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: JANICE FITZGERALD	**Billing Address (if different):**
E-Mail: jfitzgerald@cobma.us	**Contract Manager: Stacey O'Connell**
Phone: 508-580-7811 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 7 8	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A B R O C K T O N 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$144,041.60**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF BROOKFIELD**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): PO BOX 334 BROOKFIELD, MA 01506-0334	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: BARBARA CLANCY	**Billing Address (if different):**
E-Mail: agatha6dot@gmail.com	**Contract Manager: Stacey O'Connell**
Phone: 508-867-6043 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 3 7	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A B R O O K F I E L D 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
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CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
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The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$9,345.93**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF BROOKLINE**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 333 WASHINGTON ST BROOKLINE, MA 02445-6853	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: RUTHANN DOBEK	**Billing Address (if different):**
E-Mail: rdobek@brooklinema.gov	**Contract Manager: Stacey O'Connell**
Phone: 617-730-2756 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 3 8	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A B R O O K L I N E 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**
X NEW CONTRACT **PROCUREMENT OR EXCEPTION TYPE: (Check one option only)** **Statewide Contract** (OSD or an OSD-designated Department) **Collective Purchase** (Attach OSD approval, scope, budget) **Department Procurement** (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) **Emergency Contract** (Attach justification for emergency, scope, budget) **Contract Employee** (Attach Employment Status Form, scope, budget) **X Legislative/Legal or Other**: (Attach authorizing language/justification, scope and budget	**CONTRACT AMENDMENT** Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.** Enter **Amendment Amount**: $_____. (or "no change") **AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)** **Amendment to Scope or Budget** (Attach updated scope and budget) **Interim Contract** (Attach justification for Interim Contract and updated scope/budget) **Contract Employee** (Attach any updates to scope or budget) **Legislative/Legal or Other:** (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____ Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$129,792.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**
X:_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:**_____. **Print Title:** _____.	**X:**_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:** _____. **Print Title:** _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF BUCKLAND**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 17 STATE ST SHELBURNE FALLS, MA 01370-1011	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: CATHY BUNTIN	**Billing Address (if different):**
E-Mail: sfsrctr@crocker.com	**Contract Manager: Stacey O'Connell**
Phone: 413-625-2502 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 3 9	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A B U C K L A N D 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$5,975.26**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF BURLINGTON**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 29 CENTER ST BURLINGTON, MA 01803-3058	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: MARGERY R. MCDONALD	**Billing Address (if different):**
E-Mail: mmcdonald@burlington.org	**Contract Manager: Stacey O'Connell**
Phone: 781-270-1953 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 4 1	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A B U R L I N G T O N 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$66,358.16**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **CITY OF CAMBRIDGE**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 795 MASSACHUSETTS AVE CAMBRIDGE, MA 02139-3201	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: SUSAN PACHECO	**Billing Address (if different):**
E-Mail: spacheco@cambridgema.gov	**Contract Manager: Stacey O'Connell**
Phone: 617-349-6220 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 8 0	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A C A M B R I D G E 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$173,998.01**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF CANTON**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 801 WASHINGTON ST CANTON, MA 02021-2500	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: DIANE TYNAN	**Billing Address (if different):**
E-Mail: dtynan@town.canton.ma.us	**Contract Manager: Stacey O'Connell**
Phone: 781-828-1323 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 4 2	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A C A N T O N 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$59,244.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF CARLISLE**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): PO BOX 624 CARLISLE, MA 01741-0624	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: DAVID KLEIN	**Billing Address (if different):**
E-Mail: dklein@carlislema.gov	**Contract Manager: Stacey O'Connell**
Phone: 978-371-6693 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 4 3	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A C A R L I S L E 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$12,360.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF CARVER**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 108 MAIN ST CARVER, MA 02330-2025	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: CAROLE JULIUS	**Billing Address (if different):**
E-Mail: cjulius@carverpl.org	**Contract Manager: Stacey O'Connell**
Phone: 508-866-4698 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 4 4	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A C A R V E R 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$28,047.12**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF CHARLEMONT**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 157 MAIN ST CHARLEMONT, MA 01339-9703	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: CAMILLE C. WHITE	**Billing Address (if different):**
E-Mail: coa@charlemont-ma.us	**Contract Manager: Stacey O'Connell**
Phone: 413-339-6641 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 4 5	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A C H A R L E M O N T 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
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Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$6,000.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF CHARLTON**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 37 MAIN ST CHARLTON, MA 01507-1382	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: ELAINE MATERAS	**Billing Address (if different):**
E-Mail: Elaine.Materas@townofcharlton.net	**Contract Manager: Stacey O'Connell**
Phone: 508-248-2231 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 4 6	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A C H A R L T O N 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$26,208.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**
X:_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)**	**X:**_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)**
Print Name:_____. **Print Title:** _____.	**Print Name:** _____. **Print Title:** _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF CHATHAM**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 549 MAIN ST CHATHAM, MA 02633-2279	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: MANDI SPEAKMAN	**Billing Address (if different):**
E-Mail: aspeakman@chatham-ma.gov	**Contract Manager: Stacey O'Connell**
Phone: 508-945-5190 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 4 7	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A C H A T H A M 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$35,292.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF CHELMSFORD**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 50 BILLERICA RD CHELMSFORD, MA 01824-3162	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: DEBRA SIRIANI	**Billing Address (if different):**
E-Mail: dsiriani@townofchelmsford.us	**Contract Manager: Stacey O'Connell**
Phone: 978-251-0533 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 4 8	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A C H E L M S F O R D 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$90,624.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **CITY OF CHELSEA**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 500 BROADWAY CHELSEA, MA 02150-2948	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: TRACY M. NOWICKI	**Billing Address (if different):**
E-Mail: Tnowicki@chelseama.gov	**Contract Manager: Stacey O'Connell**
Phone: 617-466-4377 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 8 3	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A C H E L S E A 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
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Contract Employee (Attach Employment Status Form, scope, budget)
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CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
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__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$50,661.94**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF CHESHIRE**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 80 CHURCH ST CHESHIRE, MA 01225-9657	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: ANNA L. FARNAM	**Billing Address (if different):**
E-Mail: phtraub@nycap.rr.com	**Contract Manager: Stacey O'Connell**
Phone: 413-743-1172 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 4 9	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A C H E S H I R E 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$9,494.58**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF CHESTER**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 15 MIDDLEFIELD RD CHESTER, MA 01011-9805	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: SUSAN KUCHARSKI	**Billing Address (if different):**
E-Mail: chester.ma.coa@gmail.com	**Contract Manager: Stacey O'Connell**
Phone: 413-354-7735 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 5 0	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A C H E S T E R 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$6,000.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF CHESTERFIELD**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 422 MAIN RD CHESTERFIELD, MA 01012-9708	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: JAN GIBEAU	**Billing Address (if different):**
E-Mail: coa@townofchesterfield.com	**Contract Manager: Stacey O'Connell**
Phone: 413-296-4007 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 5 1	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A C H E S T E R F I E L D 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$5,999.97**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **CITY OF CHICOPEE**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 17 SPRINGFIELD ST CHICOPEE, MA 01013-2657	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: SHERRY MANYAK	**Billing Address (if different):**
E-Mail: smanyak@chicopeema.gov	**Contract Manager: Stacey O'Connell**
Phone: 413-534-3698 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 8 6	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A C H I C O P E E 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
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Contract Employee (Attach Employment Status Form, scope, budget)
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CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
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AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
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The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$145,890.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF CHILMARK**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): PO BOX 119 CHILMARK, MA 02535-0119	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: JOYCE ALBERTINE	**Billing Address (if different):**
E-Mail: upicoa@comcast.net	**Contract Manager: Stacey O'Connell**
Phone: 508-693-2896 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 5 2	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A C H I L M A R K 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$6,000.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF CLARKSBURG**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 111 RIVER RD CLARKSBURG, MA 01247-2147	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: RON BOUCHER	**Billing Address (if different):**
E-Mail: coaclarksburg@verizon.net	**Contract Manager: Stacey O'Connell**
Phone: 413-663-8253 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: VC6000191753	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** FY20COACLARKSBURG000 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$6,000.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **TOWN OF CLINTON**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 242 CHURCH ST CLINTON, MA 01510-2631	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: DEBRA GOODSELL	**Billing Address (if different):**
E-Mail: dgoodsell@clintonma.gov	**Contract Manager: Stacey O'Connell**
Phone: 978-733-4747 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 5 4	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A C L I N T O N 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
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Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$29,640.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF COHASSET**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 41 HIGHLAND AVE COHASSET, MA 02025-1822	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: NANCY LAFAUCE	**Billing Address (if different):**
E-Mail: nlafauce@cohassetma.org	**Contract Manager: Stacey O'Connell**
Phone: 781-383-9112 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 5 5	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A C O H A S S E T 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
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CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
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X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

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__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$20,256.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF COLRAIN**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): PO BOX 31 COLRAIN, MA 01340-0031	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: KEVIN FOX	**Billing Address (if different):**
E-Mail: bos@colrain-ma.gov	**Contract Manager: Stacey O'Connell**
Phone: 413-624-3454 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 5 6	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A C O L R A I N 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$6,000.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF CONCORD**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): PO BOX 535 CONCORD, MA 01742-0535	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: GINGER QUARLES	**Billing Address (if different):**
E-Mail: gquarles@concordma.gov	**Contract Manager: Stacey O'Connell**
Phone: 978-318-3020 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 5 7	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A C O N C O R D 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$55,992.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **TOWN OF CONWAY**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): PO BOX 240 CONWAY, MA 01341-0240	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: PATRICIA ANN LYNCH	**Billing Address (if different):**
E-Mail: patricialynch@earthlink.net	**Contract Manager: Stacey O'Connell**
Phone: 413-369-4284 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 5 9	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A C O N W A Y 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**
X NEW CONTRACT **PROCUREMENT OR EXCEPTION TYPE: (Check one option only)** **Statewide Contract** (OSD or an OSD-designated Department) **Collective Purchase** (Attach OSD approval, scope, budget) **Department Procurement** (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) **Emergency Contract** (Attach justification for emergency, scope, budget) **Contract Employee** (Attach Employment Status Form, scope, budget) **X Legislative/Legal or Other**: (Attach authorizing language/justification, scope and budget	**CONTRACT AMENDMENT** Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.** Enter **Amendment Amount**: $_____. (or "no change") **AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)** **Amendment to Scope or Budget** (Attach updated scope and budget) **Interim Contract** (Attach justification for Interim Contract and updated scope/budget) **Contract Employee** (Attach any updates to scope or budget) **Legislative/Legal or Other:** (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____ Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$6,000.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**
X:_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:**_____. **Print Title:** _____.	**X:**_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:** _____. **Print Title:** _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF CUMMINGTON**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): PO BOX 33 CUMMINGTON, MA 01026-0033	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: ANNE PARSONS	**Billing Address (if different):**
E-Mail: COA@cummington-ma.gov	**Contract Manager: Stacey O'Connell**
Phone: 413-634-2262 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 6 0	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A C U M M I N G T O N 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
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The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$5,999.91**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF DALTON**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 462 MAIN ST DALTON, MA 01226-1601	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: KELLY PIZZI	**Billing Address (if different):**
E-Mail: kpizzi@dalton-ma.gov	**Contract Manager: Stacey O'Connell**
Phone: 413-684-2000 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 6 1	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A D A L T O N 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**
X NEW CONTRACT **PROCUREMENT OR EXCEPTION TYPE: (Check one option only)** **Statewide Contract** (OSD or an OSD-designated Department) **Collective Purchase** (Attach OSD approval, scope, budget) **Department Procurement** (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) **Emergency Contract** (Attach justification for emergency, scope, budget) **Contract Employee** (Attach Employment Status Form, scope, budget) **X Legislative/Legal or Other**: (Attach authorizing language/justification, scope and budget	**CONTRACT AMENDMENT** Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___. Enter **Amendment Amount**: $_____. (or "no change") **AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)** **Amendment to Scope or Budget** (Attach updated scope and budget) **Interim Contract** (Attach justification for Interim Contract and updated scope/budget) **Contract Employee** (Attach any updates to scope or budget) **Legislative/Legal or Other:** (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____ Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$20,148.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**
X:_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:**_____. **Print Title:** _____.	**X:**_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:** _____. **Print Title:** _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF DANVERS**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 1 SYLVAN ST DANVERS, MA 01923-2790	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: PAMELA K. PARKINSON	**Billing Address (if different):**
E-Mail: pparkinson@danversma.gov	**Contract Manager: Stacey O'Connell**
Phone: 978-762-0208 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 6 2	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A D A N V E R S 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$75,768.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF DARTMOUTH**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 400 SLOCUM RD DARTMOUTH, MA 02747-3234	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: AMY DIPIETRO	**Billing Address (if different):**
E-Mail: adipietro@town.dartmouth.ma.us	**Contract Manager: Stacey O'Connell**
Phone: 508-999-4717 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 6 5	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A D A R T M O U T H 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$89,676.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF DEDHAM**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 26 BRYANT ST DEDHAM, MA 02026-4458	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: SHEILA PRANSKY	**Billing Address (if different):**
E-Mail: spransky@dedham-ma.gov	**Contract Manager: Stacey O'Connell**
Phone: 781-326-1650 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 6 7	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A D E D H A M 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
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The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$71,676.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF DEERFIELD**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 8 CONWAY ST SOUTH DEERFIELD, MA 01373-1021	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: SUE COREY	**Billing Address (if different):**
E-Mail: scsc@town.deerfield.ma.us	**Contract Manager: Stacey O'Connell**
Phone: 413-665-2141 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 6 4	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A D E E R F I E L D 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**
X NEW CONTRACT **PROCUREMENT OR EXCEPTION TYPE: (Check one option only)** **Statewide Contract** (OSD or an OSD-designated Department) **Collective Purchase** (Attach OSD approval, scope, budget) **Department Procurement** (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) **Emergency Contract** (Attach justification for emergency, scope, budget) **Contract Employee** (Attach Employment Status Form, scope, budget) **X Legislative/Legal or Other**: (Attach authorizing language/justification, scope and budget	**CONTRACT AMENDMENT** Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___. Enter **Amendment Amount**: $_____. (or "no change") **AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)** **Amendment to Scope or Budget** (Attach updated scope and budget) **Interim Contract** (Attach justification for Interim Contract and updated scope/budget) **Contract Employee** (Attach any updates to scope or budget) **Legislative/Legal or Other:** (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$14,568.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**
X:_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:**_____. **Print Title:** _____.	**X:**_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:** _____. **Print Title:** _____

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CONTRACTOR LEGAL NAME: **TOWN OF DENNIS**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 485 MAIN ST SOUTH DENNIS, MA 02660-3600	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: BRENDA VAZQUEZ	**Billing Address (if different):**
E-Mail: bvazquez@town.dennis.ma.us	**Contract Manager: Stacey O'Connell**
Phone: 508-385-5067 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 6 8	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A D E N N I S 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**
X NEW CONTRACT **PROCUREMENT OR EXCEPTION TYPE: (Check one option only)** **Statewide Contract** (OSD or an OSD-designated Department) **Collective Purchase** (Attach OSD approval, scope, budget) **Department Procurement** (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) **Emergency Contract** (Attach justification for emergency, scope, budget) **Contract Employee** (Attach Employment Status Form, scope, budget) **X Legislative/Legal or Other**: (Attach authorizing language/justification, scope and budget	**CONTRACT AMENDMENT** Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___. Enter **Amendment Amount**: $_____. (or "no change") **AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)** **Amendment to Scope or Budget** (Attach updated scope and budget) **Interim Contract** (Attach justification for Interim Contract and updated scope/budget) **Contract Employee** (Attach any updates to scope or budget) **Legislative/Legal or Other:** (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____ Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$70,920.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**
X:_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:**_____. **Print Title:** _____.	**X:**_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:** _____. **Print Title:** _____

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CONTRACTOR LEGAL NAME: **TOWN OF DIGHTON**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 300 MAIN ST DIGHTON, MA 02715-1204	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: ALICE E. SOUZA	**Billing Address (if different):**
E-Mail: councilonaging@townofdighton.com	**Contract Manager: Stacey O'Connell**
Phone: 508-823-0095 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 6 9	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A D I G H T O N 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$16,018.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **TOWN OF DOUGLAS**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 29 DEPOT ST EAST DOUGLAS, MA 01516-2374	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: PATRICE ROUSSEAU	**Billing Address (if different):**
E-Mail: prousseau@douglasma.org	**Contract Manager: Stacey O'Connell**
Phone: 508-476-2283 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 7 0	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A D O U G L A S 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

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Contract Employee (Attach Employment Status Form, scope, budget)
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CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **TOWN OF DOVER**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 5 SPRINGDALE AVE DOVER, MA 02030-2350	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: JANET CLAYPOOL	**Billing Address (if different):**
E-Mail: coa@doverma.org	**Contract Manager: Stacey O'Connell**
Phone: 508-315-5734 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 7 1	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A D O V E R 0 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**
X NEW CONTRACT **PROCUREMENT OR EXCEPTION TYPE: (Check one option only)** **Statewide Contract** (OSD or an OSD-designated Department) **Collective Purchase** (Attach OSD approval, scope, budget) **Department Procurement** (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) **Emergency Contract** (Attach justification for emergency, scope, budget) **Contract Employee** (Attach Employment Status Form, scope, budget) **X Legislative/Legal or Other**: (Attach authorizing language/justification, scope and budget	**CONTRACT AMENDMENT** Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.** Enter **Amendment Amount**: $_____. (or "no change") **AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)** **Amendment to Scope or Budget** (Attach updated scope and budget) **Interim Contract** (Attach justification for Interim Contract and updated scope/budget) **Contract Employee** (Attach any updates to scope or budget) **Legislative/Legal or Other:** (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____ Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$13,752.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**
X:_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:**_____. **Print Title:** _____.	**X:**_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:** _____. **Print Title:** _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF DRACUT**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 62 ARLINGTON ST DRACUT, MA 01826-3953	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: BETHANY LOVELESS	**Billing Address (if different):**
E-Mail: bloveless@dracutma.gov	**Contract Manager: Stacey O'Connell**
Phone: 978-957-2611 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 7 2	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A D R A C U T 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$64,644.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF DUDLEY**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 71 W MAIN ST DUDLEY, MA 01571-3264	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: MARGARET BUSSIERE	**Billing Address (if different):**
E-Mail: Administrator@dudleyma.gov	**Contract Manager: Stacey O'Connell**
Phone: 508-949-8015 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 7 3	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A D U D L E Y 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$23,772.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF DUNSTABLE**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 511 MAIN ST DUNSTABLE, MA 01827-1313	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: ANNE FENOCHETTI	**Billing Address (if different):**
E-Mail: afenochetti@Dunstable-ma.gov	**Contract Manager: Stacey O'Connell**
Phone: 978-649-4514 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 7 4	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A D U N S T A B L E 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
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Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
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X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

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X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$6,108.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **TOWN OF DUXBURY**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 878 TREMONT ST DUXBURY, MA 02332-4455	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: JOANNE MOORE	**Billing Address (if different):**
E-Mail: JoanneMoore@duxburycoa.com	**Contract Manager: Stacey O'Connell**
Phone: 781-934-5774 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 7 5	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A D U X B U R Y 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**
X NEW CONTRACT **PROCUREMENT OR EXCEPTION TYPE: (Check one option only)** **Statewide Contract** (OSD or an OSD-designated Department) **Collective Purchase** (Attach OSD approval, scope, budget) **Department Procurement** (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) **Emergency Contract** (Attach justification for emergency, scope, budget) **Contract Employee** (Attach Employment Status Form, scope, budget) **X Legislative/Legal or Other**: (Attach authorizing language/justification, scope and budget	**CONTRACT AMENDMENT** Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___. Enter **Amendment Amount**: $_____. (or "no change") **AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)** **Amendment to Scope or Budget** (Attach updated scope and budget) **Interim Contract** (Attach justification for Interim Contract and updated scope/budget) **Contract Employee** (Attach any updates to scope or budget) **Legislative/Legal or Other:** (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$42,356.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**
X:_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:**_____. **Print Title:** _____.	**X:**_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:** _____. **Print Title:** _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF EAST BRIDGEWATER**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 175 CENTRAL ST E BRIDGEWATER, MA 02333-1912	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: NANCY G. HILL	**Billing Address (if different):**
E-Mail: nhill@ebmass.com	**Contract Manager: Stacey O'Connell**
Phone: 508-378-1610 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 7 6	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A E A S T B R I D G E W A T **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$31,812.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF EAST BROOKFIELD**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 122 CONNIE MACK DR E BROOKFIELD, MA 01515-1802	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: VIRGINIA T. ALLEN	**Billing Address (if different):**
E-Mail: townclerk@eastbrookfieldma.us	**Contract Manager: Stacey O'Connell**
Phone: 508-867-6769 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 7 7	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A E A S T B R O O K F I E L **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$6,000.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF EAST LONGMEADOW**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 60 CENTER SQ E LONGMEADOW, MA 01028-2457	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: CAROLYN BRENNAN	**Billing Address (if different):**
E-Mail: cbrennan@eastlongmeadowma.gov	**Contract Manager: Stacey O'Connell**
Phone: 413-525-5436 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: VC6000191778	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** FY20COAEASTLONGMEADO **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$48,312.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **TOWN OF EASTHAM**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 2500 STATE HWY EASTHAM, MA 02642-2589	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: DOROTHY BURRITT	**Billing Address (if different):**
E-Mail: coadirector@eastham-ma.gov	**Contract Manager: Stacey O'Connell**
Phone: 508-255-6164 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 7 9	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A E A S T H A M 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
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Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$26,028.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **CITY OF EASTHAMPTON**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 50 PAYSON AVE EASTHAMPTON, MA 01027-2255	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: BRENDAN ROGERS	**Billing Address (if different):**
E-Mail: brogers@easthampton.org	**Contract Manager: Stacey O'Connell**
Phone: 413-527-6151 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 8 1	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A E A S T H A M P T O N 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$42,060.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF EASTON**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 136 ELM ST NORTH EASTON, MA 02356-1462	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: KRISTIN KENNEDY	**Billing Address (if different):**
E-Mail: kkennedy@easton.ma.us	**Contract Manager: Stacey O'Connell**
Phone: 508-238-3160 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 8 3	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A E A S T O N 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**
X NEW CONTRACT **PROCUREMENT OR EXCEPTION TYPE: (Check one option only)** **Statewide Contract** (OSD or an OSD-designated Department) **Collective Purchase** (Attach OSD approval, scope, budget) **Department Procurement** (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) **Emergency Contract** (Attach justification for emergency, scope, budget) **Contract Employee** (Attach Employment Status Form, scope, budget) **X Legislative/Legal or Other**: (Attach authorizing language/justification, scope and budget	**CONTRACT AMENDMENT** Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___. Enter **Amendment Amount**: $_____. (or "no change") **AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)** **Amendment to Scope or Budget** (Attach updated scope and budget) **Interim Contract** (Attach justification for Interim Contract and updated scope/budget) **Contract Employee** (Attach any updates to scope or budget) **Legislative/Legal or Other:** (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____ Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$49,956.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**
X:_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:**_____. **Print Title:** _____.	**X:**_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:** _____. **Print Title:** _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF EDGARTOWN**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 70 MAIN ST EDGARTOWN, MA 02539-8238	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: PAUL MOHAIR	**Billing Address (if different):**
E-Mail: pmohair@edgartown-ma.us	**Contract Manager: Stacey O'Connell**
Phone: 508-627-4368 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 8 4	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A E D G A R T O W N 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$11,508.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF EGREMONT**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): PO BOX 368 SOUTH EGREMONT, MA 01258-0368	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: BRUCE TURNER	**Billing Address (if different):**
E-Mail: coa@egremont-ma.gov	**Contract Manager: Stacey O'Connell**
Phone: 413-528-0182 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 8 5	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A E G R E M O N T 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
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X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

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X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$5,725.50**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF ERVING**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 12 E MAIN ST ERVING, MA 01344-9717	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: PAULA BETTERS	**Billing Address (if different):**
E-Mail: seniorcenter.paula.betters@erving-ma.org	**Contract Manager: Stacey O'Connell**
Phone: 413-423-3649 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 8 6	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A E R V I N G 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$6,000.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF ESSEX**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 30 MAIN ST ESSEX, MA 01929-1247	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: KRISTIN CROCKETT	**Billing Address (if different):**
E-Mail: coa@essexma.org	**Contract Manager: Stacey O'Connell**
Phone: 978-768-7932 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 8 7	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A E S S E X 0 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$9,036.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **CITY OF EVERETT**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 484 BROADWAY EVERETT, MA 02149-3694	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: DALE PALMA	**Billing Address (if different):**
E-Mail: dale.palma@ci.everett.ma.us	**Contract Manager: Stacey O'Connell**
Phone: 617-394-2323 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 8 8	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A E V E R E T T 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$78,324.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF FAIRHAVEN**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 40 CENTER ST FAIRHAVEN, MA 02719-2932	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: ANNE SILVIA	**Billing Address (if different):**
E-Mail: asilvia@fairhaven-ma.gov	**Contract Manager: Stacey O'Connell**
Phone: 508-979-4029 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 8 9	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A F A I R H A V E N 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$50,052.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **CITY OF FALL RIVER**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 1 GOVERNMENT CTR FALL RIVER, MA 02722-7700	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: HENRY R. VAILLANCOURT	**Billing Address (if different):**
E-Mail: ljonas@fallriverma.org	**Contract Manager: Stacey O'Connell**
Phone: 508-324-2402 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 9 0	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A F A L L R I V E R 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$218,328.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF FALMOUTH**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 340 TEATICKET HWY TEATICKET, MA 02536-6527	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: JILL IRVING BISHOP	**Billing Address (if different):**
E-Mail: jill.bishop@falmouthma.gov	**Contract Manager: Stacey O'Connell**
Phone: 508-540-0196 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 9 0	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A F A L M O U T H 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
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Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$130,284.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **CITY OF FITCHBURG**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 166 BOULDER DR STE 108 FITCHBURG, MA 01420-3168	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: JOAN GOODWIN	**Billing Address (if different):**
E-Mail: jgoodwin@fitchburgma.gov	**Contract Manager: Stacey O'Connell**
Phone: 978-345-9598 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 9 3	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A F I T C H B U R G 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$82,464.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
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Print Title: _____

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CONTRACTOR LEGAL NAME: **TOWN OF FLORIDA**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): PO BOX 61 FLORIDA, MA 01247-0061	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: PAUL CORMIER	**Billing Address (if different):**
E-Mail: seniorcenter.floridamass@gmail.com	**Contract Manager: Stacey O'Connell**
Phone: 413-662-2811 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 9 1	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A F L O R I D A 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

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COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
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X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$6,000.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF FRAMINGHAM**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 150 CONCORD ST FRAMINGHAM, MA 01702-8367	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: GRACE O'DONNELL	**Billing Address (if different):**
E-Mail: grace.odonnell@framinghamma.gov	**Contract Manager: Stacey O'Connell**
Phone: 508-532-5980 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 9 3	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A F R A M I N G H A M 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$149,889.77**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF FRANKLIN**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 355 E CENTRAL ST FRANKLIN, MA 02038-1352	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: KAREN ALVES	**Billing Address (if different):**
E-Mail: kalves@franklin.ma.us	**Contract Manager: Stacey O'Connell**
Phone: 508-520-4945 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: VC6000191794	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** FY20COAFRANKLIN00000 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$52,788.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **TOWN OF FREETOWN**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 3 N MAIN ST ASSONET, MA 02702-1117	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: BARBARA PLACE	**Billing Address (if different):**
E-Mail: Coa@Freetownma.gov	**Contract Manager: Stacey O'Connell**
Phone: 508-763-9557 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 9 5	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A F R E E T O W N 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$21,012.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **CITY OF GARDNER**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 95 PLEASANT ST STE 17 GARDNER, MA 01440-2630	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: CLAUDE LEGER	**Billing Address (if different):**
E-Mail: coa@gardner-ma.gov; cleger@gardner-ma.gov	**Contract Manager: Stacey O'Connell**
Phone: 978-630-4067 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 9 5	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A G A R D N E R 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
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Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
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CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
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AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
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X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

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__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$49,464.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF GEORGETOWN**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 1 LIBRARY ST GEORGETOWN, MA 01833-2052	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: COLLEEN RANSHAW-FIORELLO	**Billing Address (if different):**
E-Mail: cfiorello@georgetownma.gov	**Contract Manager: Stacey O'Connell**
Phone: 978-352-5726 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 9 7	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A G E O R G E T O W N 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$17,136.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **TOWN OF GILL**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 325 MAIN RD GILL, MA 01376-9758	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: ROBERTA POTTER	**Billing Address (if different):**
E-Mail: coa@montague-ma.gov	**Contract Manager: Stacey O'Connell**
Phone: 413-863-4500 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 9 8	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A G I L L 0 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
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Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$5,990.45**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **CITY OF GLOUCESTER**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 9 DALE AVE GLOUCESTER, MA 01930-3009	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: LUCY SHEEHAN	**Billing Address (if different):**
E-Mail: lsheehan@gloucester-ma.gov	**Contract Manager: Stacey O'Connell**
Phone: 978-281-9765 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 9 6	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A G L O U C E S T E R 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$88,848.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **TOWN OF GOSHEN**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): PO BOX 125 GOSHEN, MA 01032-0125	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: EVELYN CULVER	**Billing Address (if different):**
E-Mail: coa@goshen-ma.us	**Contract Manager: Stacey O'Connell**
Phone: 413-268-8236 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 9 9	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A G O S H E N 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF GOSNOLD**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): PO BOX 28 CUTTYHUNK, MA 02713-0028	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: KRIS LOMBARD	**Billing Address (if different):**
E-Mail: lombard47@gmail.com	**Contract Manager: Stacey O'Connell**
Phone: 508-990-7408 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 0 0	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A G O S N O L D 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$6,000.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **TOWN OF GRAFTON**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 30 PROVIDENCE RD GRAFTON, MA 01519-1511	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: BARBARA CONNELLY	**Billing Address (if different):**
E-Mail: ConnellyB@GRAFTON-MA.GOV	**Contract Manager: Stacey O'Connell**
Phone: 508-839-9242 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 0 2	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A G R A F T O N 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
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Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
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Contract Employee (Attach Employment Status Form, scope, budget)
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CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$34,584.00**

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**
X:_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)**	**X:**_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)**
Print Name:_____. **Print Title:** _____.	**Print Name:** _____. **Print Title:** _____

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CONTRACTOR LEGAL NAME: **TOWN OF GRANBY**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 10B W STATE ST GRANBY, MA 01033-9450	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: CHLOE CANTER	**Billing Address (if different):**
E-Mail: coadirector@granby-ma.gov	**Contract Manager: Stacey O'Connell**
Phone: 413-467-3239 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 0 3	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A G R A N B Y 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
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X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

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__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$15,000.92**

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
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CONTRACTOR LEGAL NAME: **TOWN OF GRANVILLE**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 707 MAIN RD GRANVILLE, MA 01034-9797	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: MATTHEW STREETER	**Billing Address (if different):**
E-Mail: TownAdministrator@townofgranville.org	**Contract Manager: Stacey O'Connell**
Phone: 413-357-8585 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 0 5	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A G R A N V I L L E 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

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X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$5,624.72**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF GREAT BARRINGTON**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 334 MAIN ST GREAT BARRINGTON, MA 01230-1845	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: PAULINE MANN	**Billing Address (if different):**
E-Mail: pmann@townofgb.org	**Contract Manager: Stacey O'Connell**
Phone: 413-528-1881 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 0 6	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A G R T B A R R I N G T O N **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$22,396.53**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF GREENFIELD**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 14 COURT SQ GREENFIELD, MA 01301-3547	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: HOPE MACARY	**Billing Address (if different):**
E-Mail: hope.macary@greenfield-ma.gov	**Contract Manager: Stacey O'Connell**
Phone: 413-772-1517 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 0 8	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A G R E E N F I E L D 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$48,840.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF GROTON**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 173 MAIN ST GROTON, MA 01450-4231	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: KATHY SHELP	**Billing Address (if different):**
E-Mail: GCOA@townofgroton.org	**Contract Manager: Stacey O'Connell**
Phone: 978-448-1170 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 0 9	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A G R O T O N 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**
X NEW CONTRACT **PROCUREMENT OR EXCEPTION TYPE: (Check one option only)** **Statewide Contract** (OSD or an OSD-designated Department) **Collective Purchase** (Attach OSD approval, scope, budget) **Department Procurement** (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) **Emergency Contract** (Attach justification for emergency, scope, budget) **Contract Employee** (Attach Employment Status Form, scope, budget) **X Legislative/Legal or Other**: (Attach authorizing language/justification, scope and budget	**CONTRACT AMENDMENT** Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___. Enter **Amendment Amount**: $_____. (or "no change") **AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)** **Amendment to Scope or Budget** (Attach updated scope and budget) **Interim Contract** (Attach justification for Interim Contract and updated scope/budget) **Contract Employee** (Attach any updates to scope or budget) **Legislative/Legal or Other:** (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____ Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$19,620.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**
X:_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:**_____. **Print Title:** _____.	**X:**_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:** _____. **Print Title:** _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF GROVELAND**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 183 MAIN ST GROVELAND, MA 01834-1341	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: LYNNE A. STANTON	**Billing Address (if different):**
E-Mail: Lstanton@GrovelandMA.com	**Contract Manager: Stacey O'Connell**
Phone: 978-372-1101 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 1 0	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A G R O V E L A N D 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$16,272.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

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CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF HADLEY**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 125 RUSSELL ST HADLEY, MA 01035-9519	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: SUZANNE TRAVISANO	**Billing Address (if different):**
E-Mail: coa@hadleyma.org	**Contract Manager: Stacey O'Connell**
Phone: 413-586-4023 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 1 1	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A H A D L E Y 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$16,668.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF HALIFAX**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 499 PLYMOUTH ST HALIFAX, MA 02338-1338	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: BARBARA FITZGERALD	**Billing Address (if different):**
E-Mail: BFitzgerald@town.halifax.ma.us	**Contract Manager: Stacey O'Connell**
Phone: 781-293-7313 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: VC6000191812	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** FY20COAHALIFAX000000 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$18,732.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF HAMILTON**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 577 BAY RD SOUTH HAMILTON, MA 01982-1032	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: MARY BETH LAWTON	**Billing Address (if different):**
E-Mail: coa@hamiltonma.gov	**Contract Manager: Stacey O'Connell**
Phone: 978-468-5595 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 1 4	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A H A M I L T O N 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$16,690.18**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF HAMPDEN**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 625 MAIN ST HAMPDEN, MA 01036-9000	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: REBECCA MORIARTY	**Billing Address (if different):**
E-Mail: coa@hampdenma.gov	**Contract Manager: Stacey O'Connell**
Phone: 413-566-5588 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 1 5	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A H A M P D E N 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
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CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
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X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$15,511.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF HANCOCK**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 3650 HANCOCK ROAD HANCOCK, MA 01237-1097	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: MARGARET FENANDER	**Billing Address (if different):**
E-Mail: bos@fairpoint.net	**Contract Manager: Stacey O'Connell**
Phone: 413-738-5225 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 1 6	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A H A N C O C K 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$6,000.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF HANOVER**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 550 HANOVER ST HANOVER, MA 02339-2242	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: TAMMY MURRAY	**Billing Address (if different):**
E-Mail: coa@hanover-ma.gov	**Contract Manager: Stacey O'Connell**
Phone: 781-924-1913 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 1 7	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A H A N O V E R 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$32,448.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF HANSON**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 542 LIBERTY ST HANSON, MA 02341-1627	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: MARY COLLINS	**Billing Address (if different):**
E-Mail: mcollins@HANSON-MA.gov	**Contract Manager: Stacey O'Connell**
Phone: 781-293-2683 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 1 8	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A H A N S O N 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$21,516.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **TOWN OF HARDWICK**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): PO BOX 575 GILBERTVILLE, MA 01031-0575	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: THERESA COFSKE	**Billing Address (if different):**
E-Mail: hardwickcoa@live.com	**Contract Manager: Stacey O'Connell**
Phone: 413-477-6197 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 1 9	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A H A R D W I C K 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

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X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$7,008.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **TOWN OF HARVARD**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 13 AYER RD HARVARD, MA 01451-1461	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: DEBBIE THOMPSON	**Billing Address (if different):**
E-Mail: coa@harvard.ma.us	**Contract Manager: Stacey O'Connell**
Phone: 978-456-4120 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 2 1	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A H A R V A R D 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**
X NEW CONTRACT **PROCUREMENT OR EXCEPTION TYPE: (Check one option only)** **Statewide Contract** (OSD or an OSD-designated Department) **Collective Purchase** (Attach OSD approval, scope, budget) **Department Procurement** (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) **Emergency Contract** (Attach justification for emergency, scope, budget) **Contract Employee** (Attach Employment Status Form, scope, budget) **X Legislative/Legal or Other**: (Attach authorizing language/justification, scope and budget	**CONTRACT AMENDMENT** Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.** Enter **Amendment Amount**: $_____. (or "no change") **AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)** **Amendment to Scope or Budget** (Attach updated scope and budget) **Interim Contract** (Attach justification for Interim Contract and updated scope/budget) **Contract Employee** (Attach any updates to scope or budget) **Legislative/Legal or Other:** (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____ Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$13,368.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**
X:_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:**_____. **Print Title:** _____.	**X:**_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:** _____. **Print Title:** _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF HARWICH**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 732 MAIN ST HARWICH, MA 02645-2717	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: MARIE CARLSON	**Billing Address (if different):**
E-Mail: emitchell@town.harwich.ma.us	**Contract Manager: Stacey O'Connell**
Phone: 508-430-7550 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 2 2	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A H A R W I C H 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$53,258.38**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF HATFIELD**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 59 MAIN ST HATFIELD, MA 01038-9702	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: GERALYN RODGERS	**Billing Address (if different):**
E-Mail: jbetsold@townofhatfield.org	**Contract Manager: Stacey O'Connell**
Phone: 413-247-9003 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 2 3	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A H A T F I E L D 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$10,511.49**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **CITY OF HAVERHILL**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 4 SUMMER ST HAVERHILL, MA 01830-5836	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: VINCENT OUELLETTE	**Billing Address (if different):**
E-Mail: vo@cityofhaverhill.com	**Contract Manager: Stacey O'Connell**
Phone: 978-374-2388 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 1 0 1	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A H A V E R H I L L 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
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The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

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__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$127,440.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **TOWN OF HAWLEY**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 8 PUDDING HOLLOW RD HAWLEY, MA 01339-9621	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: ANN FALWELL	**Billing Address (if different):**
E-Mail: cstet108@earthlink.net	**Contract Manager: Stacey O'Connell**
Phone: 413-339-5729 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 2 4	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A H A W L E Y 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$6,000.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF HEATH**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 1 E MAIN ST HEATH, MA 01346-9706	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: MARGO NEWTON	**Billing Address (if different):**
E-Mail: bos@townofheath.org	**Contract Manager: Stacey O'Connell**
Phone: 413-337-4934 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 2 5	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A H E A T H 0 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$3,785.73**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF HINGHAM**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 210 CENTRAL ST HINGHAM, MA 02043-2756	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: JENNIFER YOUNG	**Billing Address (if different):**
E-Mail: youngj@hingham-ma.com	**Contract Manager: Stacey O'Connell**
Phone: 781-741-1458 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 2 6	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A H I N G H A M 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$68,820.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF HINSDALE**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 39 SOUTH ST HINSDALE, MA 01235-9329	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: JEAN ANDREWS	**Billing Address (if different):**
E-Mail: jeanandrews76@yahoo.com	**Contract Manager: Stacey O'Connell**
Phone: 413-655-2310 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 2 8	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A H I N S D A L E 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

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X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$5,003.54**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
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Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **TOWN OF HOLBROOK**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 50 N FRANKLIN ST HOLBROOK, MA 02343-1560	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: CINDY BRENNAN	**Billing Address (if different):**
E-Mail: coa@holbrookmassachusetts.us	**Contract Manager: Stacey O'Connell**
Phone: 781-767-4617 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 3 0	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A H O L B R O O K 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

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Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
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Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
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X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$26,520.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF HOLDEN**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 1204 MAIN ST HOLDEN, MA 01520-1016	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: LOUISE CHARBONNEAU	**Billing Address (if different):**
E-Mail: louisec@holdenma.gov	**Contract Manager: Stacey O'Connell**
Phone: 508-210-5570 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 3 1	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A H O L D E N 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$41,365.28**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF HOLLAND**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 27 STURBRIDGE RD HOLLAND, MA 01521-3150	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: BRENDA PALMER	**Billing Address (if different):**
E-Mail: CommunityCenter@HollandMA.org	**Contract Manager: Stacey O'Connell**
Phone: 413-245-3163 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 3 3	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A H O L L A N D 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**
X NEW CONTRACT **PROCUREMENT OR EXCEPTION TYPE: (Check one option only)** **Statewide Contract** (OSD or an OSD-designated Department) **Collective Purchase** (Attach OSD approval, scope, budget) **Department Procurement** (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) **Emergency Contract** (Attach justification for emergency, scope, budget) **Contract Employee** (Attach Employment Status Form, scope, budget) **X Legislative/Legal or Other**: (Attach authorizing language/justification, scope and budget	**CONTRACT AMENDMENT** Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.** Enter **Amendment Amount**: $_____. (or "no change") **AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)** **Amendment to Scope or Budget** (Attach updated scope and budget) **Interim Contract** (Attach justification for Interim Contract and updated scope/budget) **Contract Employee** (Attach any updates to scope or budget) **Legislative/Legal or Other:** (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____ Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$6,000.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**
X:_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:**_____. **Print Title:** _____.	**X:**_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:** _____. **Print Title:** _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF HOLLISTON**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 703 WASHINGTON ST HOLLISTON, MA 01746-2168	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: LINDA MARSHALL	**Billing Address (if different):**
E-Mail: marshalll@holliston.k12.ma.us	**Contract Manager: Stacey O'Connell**
Phone: 508-429-0622 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 3 4	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A H O L L I S T O N 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$31,032.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **CITY OF HOLYOKE**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 536 DWIGHT ST HOLYOKE, MA 01040-5019	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: NAVAE RODRIGUEZ	**Billing Address (if different):**
E-Mail: rodriguezn@holyoke.org	**Contract Manager: Stacey O'Connell**
Phone: 413-322-5625 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 1 0 2	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A H O L Y O K E 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**
X NEW CONTRACT **PROCUREMENT OR EXCEPTION TYPE: (Check one option only)** **Statewide Contract** (OSD or an OSD-designated Department) **Collective Purchase** (Attach OSD approval, scope, budget) **Department Procurement** (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) **Emergency Contract** (Attach justification for emergency, scope, budget) **Contract Employee** (Attach Employment Status Form, scope, budget) **X Legislative/Legal or Other**: (Attach authorizing language/justification, scope and budget	**CONTRACT AMENDMENT** Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___. Enter **Amendment Amount**: $_____. (or "no change") **AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)** **Amendment to Scope or Budget** (Attach updated scope and budget) **Interim Contract** (Attach justification for Interim Contract and updated scope/budget) **Contract Employee** (Attach any updates to scope or budget) **Legislative/Legal or Other:** (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____ Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$91,896.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**
X:_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:**_____. **Print Title:** _____.	**X:**_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:** _____. **Print Title:** _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF HOPEDALE**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 78 HOPEDALE ST HOPEDALE, MA 01747-1742	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: CAROLE MULLEN	**Billing Address (if different):**
E-Mail: hopedalecoa@comcast.net	**Contract Manager: Stacey O'Connell**
Phone: 508-634-2208 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 3 5	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A H O P E D A L E 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$13,440.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF HOPKINTON**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 18 MAIN ST HOPKINTON, MA 01748-3209	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: AMY BECK	**Billing Address (if different):**
E-Mail: abeck@hopkintonma.gov	**Contract Manager: Stacey O'Connell**
Phone: 508-497-9730 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 3 6	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A H O P K I N T O N 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$23,196.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **TOWN OF HUBBARDSTON**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 7 MAIN ST HUBBARDSTON, MA 01452-1437	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: CLAUDIA R. PROVENCAL	**Billing Address (if different):**
E-Mail: coa@hubbardstonma.us	**Contract Manager: Stacey O'Connell**
Phone: 978-928-1400 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 3 8	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A H U B B A R D S T O N 0 0 **RFR/Procurement or Other ID Number: Grant Award**
X NEW CONTRACT **PROCUREMENT OR EXCEPTION TYPE: (Check one option only)** **Statewide Contract** (OSD or an OSD-designated Department) **Collective Purchase** (Attach OSD approval, scope, budget) **Department Procurement** (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) **Emergency Contract** (Attach justification for emergency, scope, budget) **Contract Employee** (Attach Employment Status Form, scope, budget) **X Legislative/Legal or Other**: (Attach authorizing language/justification, scope and budget	**CONTRACT AMENDMENT** Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.** Enter **Amendment Amount**: $_____. (or "no change") **AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)** **Amendment to Scope or Budget** (Attach updated scope and budget) **Interim Contract** (Attach justification for Interim Contract and updated scope/budget) **Contract Employee** (Attach any updates to scope or budget) **Legislative/Legal or Other:** (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$7,776.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**
X:_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:**_____. **Print Title:** _____.	**X:**_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:** _____. **Print Title:** _____

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CONTRACTOR LEGAL NAME: **TOWN OF HUDSON**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 78 MAIN ST HUDSON, MA 01749-2180	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: JANICE LONG	**Billing Address (if different):**
E-Mail: jlong@townofhudson.org	**Contract Manager: Stacey O'Connell**
Phone: 978-568-9638 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 3 9	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A H U D S O N 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

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CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

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Amendment to Scope or Budget (Attach updated scope and budget)
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X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$46,521.78**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF HULL**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 253 ATLANTIC AVE HULL, MA 02045-3215	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: BARBARA LAWLOR	**Billing Address (if different):**
E-Mail: blawlor@town.hull.ma.us	**Contract Manager: Stacey O'Connell**
Phone: 781-925-1239 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 4 0	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A H U L L 0 0 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$29,772.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF HUNTINGTON**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 24 RUSSELL RD HUNTINGTON, MA 01050-9776	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: KATHLEEN P. PETERSON	**Billing Address (if different):**
E-Mail: coa@huntingtonma.org	**Contract Manager: Stacey O'Connell**
Phone: 413-512-5205 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 4 2	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A H U N T I N G T O N 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$6,000.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **TOWN OF IPSWICH**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 25 GREEN ST IPSWICH, MA 01938-2229	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: SHEILA TAYLOR	**Billing Address (if different):**
E-Mail: coa@ipswich-ma.gov	**Contract Manager: Stacey O'Connell**
Phone: 978-356-6650 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 4 3	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A I P S W I C H 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$41,232.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF KINGSTON**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 26 GREEN ST KINGSTON, MA 02364-1428	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: PAULA ROSSI-CLAPP	**Billing Address (if different):**
E-Mail: prossiclapp@kingstonmass.org	**Contract Manager: Stacey O'Connell**
Phone: 781-585-0511 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 4 5	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A K I N G S T O N 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
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The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$32,016.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF LAKEVILLE**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 346 BEDFORD ST LAKEVILLE, MA 02347-2150	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: KELLY CONWAY	**Billing Address (if different):**
E-Mail: lakevillecoa@comcast.net	**Contract Manager: Stacey O'Connell**
Phone: 508-947-7224 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 4 6	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A L A K E V I L L E 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$23,891.11**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF LANCASTER**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 695 MAIN ST LANCASTER, MA 01523-2245	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: ORLANDO PACHECO	**Billing Address (if different):**
E-Mail: opacheco@lancasterma.net	**Contract Manager: Stacey O'Connell**
Phone: 978-733-1249 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 4 7	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A L A N C A S T E R 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$16,440.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **TOWN OF LANESBOROUGH**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 83 S MAIN ST LANESBORO, MA 01237-9727	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: LORNA GAYLE	**Billing Address (if different):**
E-Mail: seniors.director@lanesborough-ma.gov	**Contract Manager: Stacey O'Connell**
Phone: 413-448-2682 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 4 8	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A L A N E S B O R O U G H 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$8,844.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **CITY OF LAWRENCE**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 200 COMMON ST LAWRENCE, MA 01840-1517	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: MARTHA VELEZ	**Billing Address (if different):**
E-Mail: mvelez@cityoflawrence.com	**Contract Manager: Stacey O'Connell**
Phone: 978-620-3540 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 1 0 4	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A L A W R E N C E 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

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CONTRACT AMENDMENT

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Amendment to Scope or Budget (Attach updated scope and budget)
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X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

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X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$82,114.72**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**
X:_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)**	**X:**_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)**
Print Name:_____. **Print Title:** _____.	**Print Name:** _____. **Print Title:** _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF LEE**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 32 MAIN ST LEE, MA 01238-1612	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: PATRICIA DIGRIGOLI	**Billing Address (if different):**
E-Mail: coa@town.lee.ma.us	**Contract Manager: Stacey O'Connell**
Phone: 413-243-5545 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 5 0	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A L E E 0 0 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**
X NEW CONTRACT **PROCUREMENT OR EXCEPTION TYPE: (Check one option only)** **Statewide Contract** (OSD or an OSD-designated Department) **Collective Purchase** (Attach OSD approval, scope, budget) **Department Procurement** (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) **Emergency Contract** (Attach justification for emergency, scope, budget) **Contract Employee** (Attach Employment Status Form, scope, budget) **X Legislative/Legal or Other**: (Attach authorizing language/justification, scope and budget	**CONTRACT AMENDMENT** Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___. Enter **Amendment Amount**: $_____. (or "no change") **AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)** **Amendment to Scope or Budget** (Attach updated scope and budget) **Interim Contract** (Attach justification for Interim Contract and updated scope/budget) **Contract Employee** (Attach any updates to scope or budget) **Legislative/Legal or Other:** (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____ Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$18,393.90**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**
X:_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:**_____. **Print Title:** _____.	**X:**_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:** _____. **Print Title:** _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF LEICESTER**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 1078 MAIN ST LEICESTER, MA 01524-1396	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: RACHELLE CLOUTIER	**Billing Address (if different):**
E-Mail: cloutierr@leicesterma.org	**Contract Manager: Stacey O'Connell**
Phone: 508-892-7016 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 5 1	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A L E I C E S T E R 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$25,332.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF LENOX**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 6 WALKER ST LENOX, MA 01240-2741	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: KIM GRAHAM	**Billing Address (if different):**
E-Mail: communitycenter@townoflenox.com	**Contract Manager: Stacey O'Connell**
Phone: 413-637-5530 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 5 3	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A L E N O X 0 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$22,116.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **CITY OF LEOMINSTER**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 25 WEST ST LEOMINSTER, MA 01453-5699	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: LAURANE BROOKS	**Billing Address (if different):**
E-Mail: lbrooks@leominster-ma.gov	**Contract Manager: Stacey O'Connell**
Phone: 978-534-7511 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 1 0 5	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A L E O M I N S T E R 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
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Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

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X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$96,276.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF LEVERETT**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 9 MONTAGUE RD LEVERETT, MA 01054-9725	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: TERESA ALLEN	**Billing Address (if different):**
E-Mail: lla@aux.umass.edu; coa@leverett.ma.us	**Contract Manager: Stacey O'Connell**
Phone: 413-548-1022 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 5 4	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A L E V E R E T T 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$2,511.92**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF LEXINGTON**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 1625 MASSACHUSETTS AVE LEXINGTON, MA 02420-3801	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: CHARLOTTE RODGERS	**Billing Address (if different):**
E-Mail: crodgers@lexingtonma.gov	**Contract Manager: Stacey O'Connell**
Phone: 781-698-4841 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 5 6	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A L E X I N G T O N 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$94,761.66**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF LEYDEN**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 16 W LEYDEN RD BERNARDSTON, MA 01337-9737	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: GILDA GALVIS	**Billing Address (if different):**
E-Mail: captaingalvis@hotmail.com	**Contract Manager: Stacey O'Connell**
Phone: 413-773-7932 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 5 7	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A L E Y D E N 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**
X NEW CONTRACT **PROCUREMENT OR EXCEPTION TYPE: (Check one option only)** **Statewide Contract** (OSD or an OSD-designated Department) **Collective Purchase** (Attach OSD approval, scope, budget) **Department Procurement** (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) **Emergency Contract** (Attach justification for emergency, scope, budget) **Contract Employee** (Attach Employment Status Form, scope, budget) **X Legislative/Legal or Other**: (Attach authorizing language/justification, scope and budget	**CONTRACT AMENDMENT** Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.** Enter **Amendment Amount**: $_____. (or "no change") **AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)** **Amendment to Scope or Budget** (Attach updated scope and budget) **Interim Contract** (Attach justification for Interim Contract and updated scope/budget) **Contract Employee** (Attach any updates to scope or budget) **Legislative/Legal or Other:** (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____ Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$5,981.48**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**
X:_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:**_____. **Print Title:** _____.	**X:**_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:** _____. **Print Title:** _____

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CONTRACTOR LEGAL NAME: **TOWN OF LINCOLN**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 16 LINCOLN RD LINCOLN, MA 01773-2009	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: CAROLYN BOTTUM	**Billing Address (if different):**
E-Mail: bottumc@lincolntown.org	**Contract Manager: Stacey O'Connell**
Phone: 781-259-8811 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 5 8	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A L I N C O L N 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
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CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
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X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

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__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$18,216.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF LITTLETON**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 37 SHATTUCK ST LITTLETON, MA 01460-1263	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: LIZ TRETIAK	**Billing Address (if different):**
E-Mail: etretiak@littletonma.org	**Contract Manager: Stacey O'Connell**
Phone: 978-540-2470 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 5 9	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A L I T T L E T O N 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$20,952.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF LONGMEADOW**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 20 WILLIAMS ST LONGMEADOW, MA 01106-1997	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: JAMES LEYDEN	**Billing Address (if different):**
E-Mail: jleyden@longmeadow.org	**Contract Manager: Stacey O'Connell**
Phone: 413-565-4150 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 6 1	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A L O N G M E A D O W 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$48,972.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **CITY OF LOWELL**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 375 MERRIMACK ST LOWELL, MA 01852-5909	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: MICHELLE RAMALHO	**Billing Address (if different):**
E-Mail: mramalho@ci.lowell.ma.us	**Contract Manager: Stacey O'Connell**
Phone: 978-970-4131 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 1 0 8	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A L O W E L L 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**
X NEW CONTRACT **PROCUREMENT OR EXCEPTION TYPE: (Check one option only)** **Statewide Contract** (OSD or an OSD-designated Department) **Collective Purchase** (Attach OSD approval, scope, budget) **Department Procurement** (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) **Emergency Contract** (Attach justification for emergency, scope, budget) **Contract Employee** (Attach Employment Status Form, scope, budget) **X Legislative/Legal or Other**: (Attach authorizing language/justification, scope and budget	**CONTRACT AMENDMENT** Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.** Enter **Amendment Amount**: $_____. (or "no change") **AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)** **Amendment to Scope or Budget** (Attach updated scope and budget) **Interim Contract** (Attach justification for Interim Contract and updated scope/budget) **Contract Employee** (Attach any updates to scope or budget) **Legislative/Legal or Other:** (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____ Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$114,823.11**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**
X:_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)**	**X:**_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)**
Print Name:_____. **Print Title:** _____.	**Print Name:** _____. **Print Title:** _____

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CONTRACTOR LEGAL NAME: **TOWN OF LUDLOW**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 488 CHAPIN ST LUDLOW, MA 01056-2523	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: JODI ZEPKE	**Billing Address (if different):**
E-Mail: jzepke@ludlow.ma.us	**Contract Manager: Stacey O'Connell**
Phone: 413-583-3564 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 6 2	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A L U D L O W 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
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Contract Employee (Attach Employment Status Form, scope, budget)
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CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
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X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$54,503.56**

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **TOWN OF LUNENBURG**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 17 MAIN ST LUNENBURG, MA 01462-1484	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: SUSAN DOHERTY	**Billing Address (if different):**
E-Mail: sdoherty@lunenburgonline.com	**Contract Manager: Stacey O'Connell**
Phone: 978-582-4166 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 6 3	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A L U N E N B U R G 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$25,272.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **CITY OF LYNN**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 3 CITY HALL SQ STE 206 LYNN, MA 01901-1028	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: STACEY MINCHELLO	**Billing Address (if different):**
E-Mail: sminchello@glss.net	**Contract Manager: Stacey O'Connell**
Phone: 781-586-8503 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 1 0 9	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A L Y N N 0 0 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$173,796.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF LYNNFIELD**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 55 SUMMER ST LYNNFIELD, MA 01940-1861	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: LINDA NACCARA	**Billing Address (if different):**
E-Mail: lnaccara_coa@hotmail.com	**Contract Manager: Stacey O'Connell**
Phone: 781-598-1078 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 6 5	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A L Y N N F I E L D 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$33,516.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **CITY OF MALDEN**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 200 PLEASANT ST MALDEN, MA 02148-4884	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: KAREN COLON HAYES	**Billing Address (if different):**
E-Mail: khayes@cityofmalden.org	**Contract Manager: Stacey O'Connell**
Phone: 781-397-7000 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 1 1 0	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A M A L D E N 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**
X NEW CONTRACT **PROCUREMENT OR EXCEPTION TYPE: (Check one option only)** **Statewide Contract** (OSD or an OSD-designated Department) **Collective Purchase** (Attach OSD approval, scope, budget) **Department Procurement** (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) **Emergency Contract** (Attach justification for emergency, scope, budget) **Contract Employee** (Attach Employment Status Form, scope, budget) **X Legislative/Legal or Other**: (Attach authorizing language/justification, scope and budget	**CONTRACT AMENDMENT** Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.** Enter **Amendment Amount**: $_____. (or "no change") **AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)** **Amendment to Scope or Budget** (Attach updated scope and budget) **Interim Contract** (Attach justification for Interim Contract and updated scope/budget) **Contract Employee** (Attach any updates to scope or budget) **Legislative/Legal or Other:** (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____ Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$117,729.69**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__ 1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__ 2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**
X:_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:**_____. **Print Title:** _____.	**X:**_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:** _____. **Print Title:** _____

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CONTRACTOR LEGAL NAME: **TOWN OF MANCHESTER**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): PO BOX 1492 MANCHESTER, MA 01944-0856	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: NANCY HAMMOND	**Billing Address (if different):**
E-Mail: hammondn@manchester.ma.us	**Contract Manager: Stacey O'Connell**
Phone: 978-526-7500 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 6 6	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A M A N C H E S T E R 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
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Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$17,148.26**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF MANSFIELD**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 10 PLYMOUTH ST MANSFIELD, MA 02048-2033	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: JOSEPHINE MADRAZO	**Billing Address (if different):**
E-Mail: jmadrazo@mansfieldma.com	**Contract Manager: Stacey O'Connell**
Phone: 508-261-7368 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 6 7	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A M A N S F I E L D 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$34,805.15**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF MARBLEHEAD**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 188 WASHINGTON ST MARBLEHEAD, MA 01945-3341	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: LISA J. HOOPER	**Billing Address (if different):**
E-Mail: hooperl@marblehead.org	**Contract Manager: Stacey O'Connell**
Phone: 781-631-6737 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 6 8	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A M A R B L E H E A D 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$59,037.71**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF MARION**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 2 SPRING ST MARION, MA 02738-1519	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: KAREN GREGORY	**Billing Address (if different):**
E-Mail: kgregory@marionma.gov	**Contract Manager: Stacey O'Connell**
Phone: 508-748-3570 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 6 9	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A M A R I O N 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
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X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

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__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$17,244.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **CITY OF MARLBOROUGH**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 140 MAIN ST MARLBOROUGH, MA 01752-3812	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: PATRICIA (TRISH) POPE	**Billing Address (if different):**
E-Mail: ppope@marlborough-ma.gov	**Contract Manager: Stacey O'Connell**
Phone: 508-485-6492 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 1 1 2	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A M A R L B O R O U G H 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

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Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
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COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$80,436.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF MARSHFIELD**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 870 MORAINE ST MARSHFIELD, MA 02050-3498	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: CAROL C. HAMILTON	**Billing Address (if different):**
E-Mail: Marshcoa@comcast.net	**Contract Manager: Stacey O'Connell**
Phone: 781-834-5581 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 7 0	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A M A R S H F I E L D 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$61,716.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF MASHPEE**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 16 GREAT NECK RD N MASHPEE, MA 02649-2528	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: LYNNE WATERMAN	**Billing Address (if different):**
E-Mail: lwaterman@mashpeema.gov	**Contract Manager: Stacey O'Connell**
Phone: 508-539-1440 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 7 1	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A M A S H P E E 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$52,488.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**
X:_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)**	**X:**_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)**
Print Name:_____. **Print Title:** _____.	**Print Name:** _____. **Print Title:** _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF MATTAPOISETT**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): PO BOX 433 MATTAPOISETT, MA 02739-0433	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: JACQUELINE COUCCI	**Billing Address (if different):**
E-Mail: coadirector@mattapoisett.net	**Contract Manager: Stacey O'Connell**
Phone: 508-758-4110 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 7 3	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A M A T T A P O I S E T T 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$20,448.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF MAYNARD**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 195 MAIN ST MAYNARD, MA 01754-2537	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: AMY LOVELESS	**Billing Address (if different):**
E-Mail: aloveless@townofmaynard.net	**Contract Manager: Stacey O'Connell**
Phone: 978-897-1009 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 7 4	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A M A Y N A R D 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$22,591.21**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF MEDFIELD**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 459 MAIN ST MEDFIELD, MA 02052-2009	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: ROBERTA LYNCH	**Billing Address (if different):**
E-Mail: medfieldcoa@hotmail.com	**Contract Manager: Stacey O'Connell**
Phone: 508-359-3665 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 7 6	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A M E D F I E L D 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**
X NEW CONTRACT **PROCUREMENT OR EXCEPTION TYPE: (Check one option only)** **Statewide Contract** (OSD or an OSD-designated Department) **Collective Purchase** (Attach OSD approval, scope, budget) **Department Procurement** (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) **Emergency Contract** (Attach justification for emergency, scope, budget) **Contract Employee** (Attach Employment Status Form, scope, budget) **X Legislative/Legal or Other**: (Attach authorizing language/justification, scope and budget	**CONTRACT AMENDMENT** Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___. Enter **Amendment Amount**: $_____. (or "no change") **AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)** **Amendment to Scope or Budget** (Attach updated scope and budget) **Interim Contract** (Attach justification for Interim Contract and updated scope/budget) **Contract Employee** (Attach any updates to scope or budget) **Legislative/Legal or Other:** (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____ Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$21,969.09**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**
X:_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:**_____. **Print Title:** _____.	**X:**_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:** _____. **Print Title:** _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **CITY OF MEDFORD**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 85 GEORGE P HASSETT DR MEDFORD, MA 02155-3200	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: PAMELA KELLY	**Billing Address (if different):**
E-Mail: pkelly@medford-ma.gov	**Contract Manager: Stacey O'Connell**
Phone: 781-396-6010 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 1 1 4	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A M E D F O R D 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$131,182.43**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **TOWN OF MEDWAY**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 155 VILLAGE ST MEDWAY, MA 02053-1147	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: COURTNEY RILEY	**Billing Address (if different):**
E-Mail: Criley@townofmedway.org	**Contract Manager: Stacey O'Connell**
Phone: 508-533-3210 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 7 7	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A M E D W A Y 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$24,028.39**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
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CONTRACTOR LEGAL NAME: **CITY OF MELROSE**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): PO BOX 56 MELROSE, MA 02176-0901	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: DAWN FOLOPOULOS	**Billing Address (if different):**
E-Mail: dfolopoulos@cityofmelrose.org	**Contract Manager: Stacey O'Connell**
Phone: 781-665-4304 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 1 1 6	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A M E L R O S E 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**
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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**
X:_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:**_____. **Print Title:** _____.	**X:**_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:** _____. **Print Title:** _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF MENDON**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): PO BOX 2 MENDON, MA 01756-0002	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: AMY WILSON KENT	**Billing Address (if different):**
E-Mail: AWilsonKent@mendonma.gov	**Contract Manager: Stacey O'Connell**
Phone: 508-478-6175 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 7 8	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A M E N D O N 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$11,268.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF MERRIMAC**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 2 SCHOOL ST MERRIMAC, MA 01860-1915	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: LAURA MAILMAN	**Billing Address (if different):**
E-Mail: Ldmailman@townofmerrimac.com	**Contract Manager: Stacey O'Connell**
Phone: 978-346-9549 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 8 0	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A M E R R I M A C 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**
X NEW CONTRACT **PROCUREMENT OR EXCEPTION TYPE: (Check one option only)** **Statewide Contract** (OSD or an OSD-designated Department) **Collective Purchase** (Attach OSD approval, scope, budget) **Department Procurement** (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) **Emergency Contract** (Attach justification for emergency, scope, budget) **Contract Employee** (Attach Employment Status Form, scope, budget) **X Legislative/Legal or Other**: (Attach authorizing language/justification, scope and budget	**CONTRACT AMENDMENT** Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.** Enter **Amendment Amount**: $_____. (or "no change") **AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)** **Amendment to Scope or Budget** (Attach updated scope and budget) **Interim Contract** (Attach justification for Interim Contract and updated scope/budget) **Contract Employee** (Attach any updates to scope or budget) **Legislative/Legal or Other:** (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____ Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$14,784.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**
X:_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:**_____. **Print Title:** _____.	**X:**_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:** _____. **Print Title:** _____

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CONTRACTOR LEGAL NAME: **CITY OF METHUEN**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 41 PLEASANT ST METHUEN, MA 01844-3179	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: CORINNE LACHARITE	**Billing Address (if different):**
E-Mail: cclacharite@ci.methuen.ma.us	**Contract Manager: Stacey O'Connell**
Phone: 978-983-8825 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 8 1	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A M E T H U E N 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$107,530.50**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF MIDDLEBOROUGH**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 20 CENTRE ST MIDDLEBORO, MA 02346-2270	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: ANDREA PRIEST	**Billing Address (if different):**
E-Mail: aprst@middleborough.com	**Contract Manager: Stacey O'Connell**
Phone: 508-946-2490 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 8 2	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A M I D D L E B O R O U G H **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
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X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$59,220.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF MIDDLEFIELD**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 188 SKYLINE TRL MIDDLEFIELD, MA 01243-9800	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: JUDITH HOAG	**Billing Address (if different):**
E-Mail: Judy@judeart.us	**Contract Manager: Stacey O'Connell**
Phone: 413-623-8968 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 8 3	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A M I D D L E F I E L D 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$6,000.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF MIDDLETON**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 48 S MAIN ST MIDDLETON, MA 01949-2253	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: SUSAN J. GANNON	**Billing Address (if different):**
E-Mail: Susan.gannon@middletonma.gov	**Contract Manager: Stacey O'Connell**
Phone: 978-777-4067 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 8 4	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A M I D D L E T O N 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$20,088.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **TOWN OF MILFORD**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 52 MAIN ST MILFORD, MA 01757-2611	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: SUSAN CLARK	**Billing Address (if different):**
E-Mail: sclark@townofmilford.com	**Contract Manager: Stacey O'Connell**
Phone: 508-473-8334 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 8 5	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A M I L F O R D 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$61,488.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF MILLBURY**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): PO BOX 267 MILLBURY, MA 01527-0267	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: JUDITH A. O'CONNOR	**Billing Address (if different):**
E-Mail: joconnor@townofmillbury.net	**Contract Manager: Stacey O'Connell**
Phone: 508-865-9154 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 8 6	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A M I L L B U R Y 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

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Contract Employee (Attach Employment Status Form, scope, budget)
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CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
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X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

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__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$34,727.60**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF MILLIS**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 900 MAIN ST MILLIS, MA 02054-1512	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: PATTY KAYO	**Billing Address (if different):**
E-Mail: pkayo@millis.net	**Contract Manager: Stacey O'Connell**
Phone: 508-376-7051 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 8 7	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A M I L L I S 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$17,508.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF MILLVILLE**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): PO BOX 703 MILLVILLE, MA 01529-0703	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: JILL ANDERSON	**Billing Address (if different):**
E-Mail: sr.center@millvillema.org	**Contract Manager: Stacey O'Connell**
Phone: 508-883-3523 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 8 8	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A M I L L V I L L E 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**
X NEW CONTRACT **PROCUREMENT OR EXCEPTION TYPE: (Check one option only)** **Statewide Contract** (OSD or an OSD-designated Department) **Collective Purchase** (Attach OSD approval, scope, budget) **Department Procurement** (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) **Emergency Contract** (Attach justification for emergency, scope, budget) **Contract Employee** (Attach Employment Status Form, scope, budget) **X Legislative/Legal or Other**: (Attach authorizing language/justification, scope and budget	**CONTRACT AMENDMENT** Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.** Enter **Amendment Amount**: $_____. (or "no change") **AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)** **Amendment to Scope or Budget** (Attach updated scope and budget) **Interim Contract** (Attach justification for Interim Contract and updated scope/budget) **Contract Employee** (Attach any updates to scope or budget) **Legislative/Legal or Other:** (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____ Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$5,944.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**
X:_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:**_____. **Print Title:** _____.	**X:**_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:** _____. **Print Title:** _____

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CONTRACTOR LEGAL NAME: **TOWN OF MILTON**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 525 CANTON AVE MILTON, MA 02186-3240	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: MARY ANN SULLIVAN	**Billing Address (if different):**
E-Mail: masullivan@townofmilton.org	**Contract Manager: Stacey O'Connell**
Phone: 617-898-4893 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 8 9	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A M I L T O N 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**
X NEW CONTRACT **PROCUREMENT OR EXCEPTION TYPE: (Check one option only)** **Statewide Contract** (OSD or an OSD-designated Department) **Collective Purchase** (Attach OSD approval, scope, budget) **Department Procurement** (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) **Emergency Contract** (Attach justification for emergency, scope, budget) **Contract Employee** (Attach Employment Status Form, scope, budget) **X Legislative/Legal or Other**: (Attach authorizing language/justification, scope and budget	**CONTRACT AMENDMENT** Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___. Enter **Amendment Amount**: $_____. (or "no change") **AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)** **Amendment to Scope or Budget** (Attach updated scope and budget) **Interim Contract** (Attach justification for Interim Contract and updated scope/budget) **Contract Employee** (Attach any updates to scope or budget) **Legislative/Legal or Other:** (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____ Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$68,916.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**
X:_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:**_____. **Print Title:** _____.	**X:**_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:** _____. **Print Title:** _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF MONSON**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 110 MAIN ST MONSON, MA 01057-1348	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: LORI STACY	**Billing Address (if different):**
E-Mail: lstacy@monson-ma.gov	**Contract Manager: Stacey O'Connell**
Phone: 413-267-4121 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 9 2	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A M O N S O N 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
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The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$20,412.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/osd under OSD Forms.

CONTRACTOR LEGAL NAME: **TOWN OF MONTAGUE**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 1 AVENUE A TURNERS FALLS, MA 01376-1128	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: ROBERTA POTTER	**Billing Address (if different):**
E-Mail: coa@montague-ma.gov	**Contract Manager: Stacey O'Connell**
Phone: 413-863-9357 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 9 3	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A M O N T A G U E 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$23,051.85**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF MONTEREY**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 435 MAIN RD MONTEREY, MA 01245-9716	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: KAY PURCELL	**Billing Address (if different):**
E-Mail: coa@montereyma.gov	**Contract Manager: Stacey O'Connell**
Phone: 413-528-1443 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 9 4	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A M O N T E R E Y 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$5,922.69**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF MONTGOMERY**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 161 MAIN ST MONTGOMERY, MA 01085-3140	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: ANN-MARIE BUIKUS	**Billing Address (if different):**
E-Mail: COA-MontgomeryMA@hotmail.com	**Contract Manager: Stacey O'Connell**
Phone: 413-862-3257 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 9 6	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A M O N T G O M E R Y 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$6,000.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF MOUNT WASHINGTON**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 118 EAST ST MOUNT WASHINGTON, MA 01258-9710	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: MARY KING AUSTEN	**Billing Address (if different):**
E-Mail: maryking@townofmtwashington.com	**Contract Manager: Stacey O'Connell**
Phone: 413-528-2839 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 9 7	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A M N T W A S H I N G T O N **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$5,801.47**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF NAHANT**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 334 NAHANT RD NAHANT, MA 01908-1469	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: LINDA PETERSON	**Billing Address (if different):**
E-Mail: lpeterson@nahant.org	**Contract Manager: Stacey O'Connell**
Phone: 781-581-7557 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 9 8	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A N A H A N T 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$12,732.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF NANTUCKET**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 16 BROAD ST NANTUCKET, MA 02554-3500	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: LAURA STEWART	**Billing Address (if different):**
E-Mail: lstewart@nantucket-ma.gov	**Contract Manager: Stacey O'Connell**
Phone: 508-228-4490 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 9 9	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A N A N T U C K E T 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$21,004.82**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF NATICK**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 13 E CENTRAL ST NATICK, MA 01760-4629	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: SUSAN RAMSEY	**Billing Address (if different):**
E-Mail: sramsey@natickma.org	**Contract Manager: Stacey O'Connell**
Phone: 508-647-6544 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 0 0	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A N A T I C K 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$72,800.65**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF NEEDHAM**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 1471 HIGHLAND AVE NEEDHAM, MA 02492-2605	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: LATANYA STEELE	**Billing Address (if different):**
E-Mail: lsteele@needhamma.gov	**Contract Manager: Stacey O'Connell**
Phone: 781-455-7555 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 0 1	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A N E E D H A M 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$77,976.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **TOWN OF NEW ASHFORD**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 188 MALLERY RD NEW ASHFORD, MA 01237-9611	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: SHERRY YOUNGKIN	**Billing Address (if different):**
E-Mail: say52cbs@aol.com	**Contract Manager: Stacey O'Connell**
Phone: 413-822-3576 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 0 3	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A N E W A S H F O R D 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$493.93**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **CITY OF NEW BEDFORD**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 133 WILLIAM ST NEW BEDFORD, MA 02740-6132	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: DEBRA LEE	**Billing Address (if different):**
E-Mail: Debra.Lee@newbedford-ma.gov	**Contract Manager: Stacey O'Connell**
Phone: 508-991-6251 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 1 1 8	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A N E W B E D F O R D 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$225,180.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF NEW BRAINTREE**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 20 MEMORIAL DR NEW BRAINTREE, MA 01531-1743	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: CAROLYN C. GLIDDEN	**Billing Address (if different):**
E-Mail: councilonaging@newbraintree.org	**Contract Manager: Stacey O'Connell**
Phone: 413-477-8772 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 0 4	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A N E W B R A I N T R E E 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$3,138.08**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **NEW MARLBOROUGH**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): PO BOX 220 MARLBOROUGH, MA 01970-1322	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: PRUDENCE SPAULDING	**Billing Address (if different):**
E-Mail: prudencespaulding@hotmail.com	**Contract Manager: Stacey O'Connell**
Phone: 413-229-8278 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 0 5	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A N E W M A R L B O R O U G **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
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Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
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X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$6,000.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
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Print Title: _____

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CONTRACTOR LEGAL NAME: **NEW SALEM**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 15 SOUTH ST NEW SALEM, MA 01355	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: DONNA BALLENTINE	**Billing Address (if different):**
E-Mail: newsalemcoa@yahoo.com;	**Contract Manager: Stacey O'Connell**
Phone: 978-544-2293 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 0 6	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A N E W S A L E M 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

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Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
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CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
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__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$4,254.71**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF NEWBURY**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 25 HIGH RD NEWBURY, MA 01951-1130	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: MAGGIE MALLEY	**Billing Address (if different):**
E-Mail: coa@townofnewbury.org	**Contract Manager: Stacey O'Connell**
Phone: 978-462-8114 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 0 8	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A N E W B U R Y 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$17,302.88**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **CITY OF NEWBURYPORT**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): PO BOX 550 NEWBURYPORT, MA 01950-0650	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: ROSEANN ROBILLARD	**Billing Address (if different):**
E-Mail: Rrobillard@cityofnewburyport.com	**Contract Manager: Stacey O'Connell**
Phone: 978-462-8650 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 1 1 9	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A N E W B U R Y P O R T 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$26,415.45**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **CITY OF NEWTON**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 1000 COMMONWEALTH AVE NEWTON, MA 02459-1400	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: JAYNE COLINO	**Billing Address (if different):**
E-Mail: jcolino@newtonma.gov	**Contract Manager: Stacey O'Connell**
Phone: 617-796-1671 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 1 2 0	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A N E W T O N 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$223,632.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF NORFOLK**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 1 LIBERTY LN NORFOLK, MA 02056-1499	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: CHRISTINE QUINN	**Billing Address (if different):**
E-Mail: cquinn@norfolk.ma.us	**Contract Manager: Stacey O'Connell**
Phone: 508-528-4430 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 0 9	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A N O R F O L K 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
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Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
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Contract Employee (Attach Employment Status Form, scope, budget)
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CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$19,548.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **CITY OF NORTH ADAMS**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 10 MAIN ST NORTH ADAMS, MA 01247-3419	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: SANDRA LAMB	**Billing Address (if different):**
E-Mail: spitzercntr@yahoo.com	**Contract Manager: Stacey O'Connell**
Phone: 413-662-3125 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 1 2 1	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A N O R T H A D A M S 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$36,420.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF NORTH ANDOVER**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 400 OSGOOD ST NORTH ANDOVER, MA 01845-2909	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: IRENE M. O'BRIEN	**Billing Address (if different):**
E-Mail: lobrien@townofnorthandover.com	**Contract Manager: Stacey O'Connell**
Phone: 978-688-9560 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 1 0	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A N O R T H A N D O V E R 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$64,140.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF NORTH ATTLEBOROUGH**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 43 S WASHINGTON ST NORTH ATTLEBORO, MA 02760-1642	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: PAMELA HUNT	**Billing Address (if different):**
E-Mail: phunt@nattleboro.com	**Contract Manager: Stacey O'Connell**
Phone: 508-699-0131 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 1 2	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A N O R T H A T T L E B O R **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$54,480.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **TOWN OF NORTH BROOKFIELD**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 185 N MAIN ST NORTH BROOKFIELD, MA 01535-1531	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: DIANE NICHOLS	**Billing Address (if different):**
E-Mail: coadirector@northbrookfield.net	**Contract Manager: Stacey O'Connell**
Phone: 508-867-0220 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 1 3	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A N O R T H B R O O K F I E **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
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CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
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The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$11,028.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF NORTH READING**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 235 NORTH ST NORTH READING, MA 01864-1258	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: MARY S. PRENNEY	**Billing Address (if different):**
E-Mail: mprenney@northreadingma.gov	**Contract Manager: Stacey O'Connell**
Phone: 978-664-5600 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 1 5	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A N O R T H R E A D I N G 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$26,770.75**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **CITY OF NORTHAMPTON**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 210 MAIN ST NORTHAMPTON, MA 01060-3196	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: MARIE WESTBURG	**Billing Address (if different):**
E-Mail: mwestburg@northamptonma.gov	**Contract Manager: Stacey O'Connell**
Phone: 413-587-1228 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 1 2 4	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A N O R T H A M P T O N 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$70,488.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **TOWN OF NORTHBOROUGH**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 63 MAIN ST NORTHBOROUGH, MA 01532-1937	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: KELLY BURKE	**Billing Address (if different):**
E-Mail: kburke@town.northborough.ma.us	**Contract Manager: Stacey O'Connell**
Phone: 508-393-5035 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 1 7	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A N O R T H B O R O U G H 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
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Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$31,836.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF NORTHBRIDGE**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 7 MAIN ST WHITINSVILLE, MA 01588-2247	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: KELLY BOL	**Billing Address (if different):**
E-Mail: kbol@northbridgemass.org	**Contract Manager: Stacey O'Connell**
Phone: 508-234-2002 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 1 9	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A N O R T H B R I D G E 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

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Amendment to Scope or Budget (Attach updated scope and budget)
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X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

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__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$34,536.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF NORTHFIELD**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 69 MAIN ST NORTHFIELD, MA 01360-1017	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: HEATHER TOWER	**Billing Address (if different):**
E-Mail: SeniorCenter@northfieldma.gov	**Contract Manager: Stacey O'Connell**
Phone: 413-498-2901 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 2 1	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A N O R T H F I E L D 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$8,112.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF NORTON**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 70 E MAIN ST NORTON, MA 02766-2310	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: ELIZABETH ROSSI	**Billing Address (if different):**
E-Mail: ETaylorRossi@nortonmaus.com	**Contract Manager: Stacey O'Connell**
Phone: 508-285-0235 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 2 2	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A N O R T O N 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**
X NEW CONTRACT **PROCUREMENT OR EXCEPTION TYPE: (Check one option only)** **Statewide Contract** (OSD or an OSD-designated Department) **Collective Purchase** (Attach OSD approval, scope, budget) **Department Procurement** (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) **Emergency Contract** (Attach justification for emergency, scope, budget) **Contract Employee** (Attach Employment Status Form, scope, budget) **X Legislative/Legal or Other**: (Attach authorizing language/justification, scope and budget	**CONTRACT AMENDMENT** Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.** Enter **Amendment Amount**: $_____. (or "no change") **AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)** **Amendment to Scope or Budget** (Attach updated scope and budget) **Interim Contract** (Attach justification for Interim Contract and updated scope/budget) **Contract Employee** (Attach any updates to scope or budget) **Legislative/Legal or Other:** (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____ Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$36,348.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**
X:_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:**_____. **Print Title:** _____.	**X:**_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:** _____. **Print Title:** _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF NORWELL**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 345 MAIN ST NORWELL, MA 02061-2400	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: SUSAN CURTIN	**Billing Address (if different):**
E-Mail: scurtin@townofnorwell.net	**Contract Manager: Stacey O'Connell**
Phone: 781-659-7878 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 2 3	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A N O R W E L L 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$28,488.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF NORWOOD**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 566 WASHINGTON ST NORWOOD, MA 02062-2203	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: KERRI MCCARTHY	**Billing Address (if different):**
E-Mail: kmccarthy@norwoodma.gov	**Contract Manager: Stacey O'Connell**
Phone: 781-762-1201 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 2 4	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A N O R W O O D 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
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The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$77,723.57**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF OAK BLUFFS**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): PO BOX 1327 OAK BLUFFS, MA 02557-1327	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: ROSE COGLIANO	**Billing Address (if different):**
E-Mail: rcogliano@oakbluffsma.gov	**Contract Manager: Stacey O'Connell**
Phone: 508-693-4509 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 2 6	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A O A K B L U F F S 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$13,308.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF OAKHAM**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): PO BOX 57 OAKHAM, MA 01068-0057	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: LUCY TESSNAU	**Billing Address (if different):**
E-Mail: coa@oakham-ma.gov	**Contract Manager: Stacey O'Connell**
Phone: 508-882-3358 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 2 7	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A O A K H A M 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$6,000.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF ORANGE**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 6 PROSPECT ST ORANGE, MA 01364-1133	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: TRACY GAUDET	**Billing Address (if different):**
E-Mail: tgaudet@townoforange.org	**Contract Manager: Stacey O'Connell**
Phone: 978-544-3481 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 2 9	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A O R A N G E 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$19,872.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF ORLEANS**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 19 SCHOOL RD ORLEANS, MA 02653-3609	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: JUDI WILSON	**Billing Address (if different):**
E-Mail: jwilson@town.orleans.ma.us	**Contract Manager: Stacey O'Connell**
Phone: 508-255-6333 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 3 0	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A O R L E A N S 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**
X NEW CONTRACT **PROCUREMENT OR EXCEPTION TYPE: (Check one option only)** **Statewide Contract** (OSD or an OSD-designated Department) **Collective Purchase** (Attach OSD approval, scope, budget) **Department Procurement** (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) **Emergency Contract** (Attach justification for emergency, scope, budget) **Contract Employee** (Attach Employment Status Form, scope, budget) **X Legislative/Legal or Other**: (Attach authorizing language/justification, scope and budget	**CONTRACT AMENDMENT** Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.** Enter **Amendment Amount**: $_____. (or "no change") **AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)** **Amendment to Scope or Budget** (Attach updated scope and budget) **Interim Contract** (Attach justification for Interim Contract and updated scope/budget) **Contract Employee** (Attach any updates to scope or budget) **Legislative/Legal or Other:** (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____ Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$35,808.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**
X:_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:**_____. **Print Title:** _____.	**X:**_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:** _____. **Print Title:** _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/osd under OSD Forms.

CONTRACTOR LEGAL NAME: **TOWN OF OTIS**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 1 N MAIN RD OTIS, MA 01253-9800	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: RALPH GLEASON	**Billing Address (if different):**
E-Mail: seniors.otis@gmail.com	**Contract Manager: Stacey O'Connell**
Phone: 413-269-0100x **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 3 1	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A O T I S 0 0 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$6,000.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF OXFORD**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 181 MAIN ST OXFORD, MA 01540-2352	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: STACY BARR	**Billing Address (if different):**
E-Mail: sbarr@town.oxford.ma.us	**Contract Manager: Stacey O'Connell**
Phone: 508-987-6000 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 3 2	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A O X F O R D 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$28,923.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF PALMER**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 4417 MAIN ST PALMER, MA 01069-6901	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: MARLENE JOHNSON	**Billing Address (if different):**
E-Mail: mjohnson@townofpalmer.com	**Contract Manager: Stacey O'Connell**
Phone: 413-283-2670 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 3 4	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A P A L M E R 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**
X NEW CONTRACT **PROCUREMENT OR EXCEPTION TYPE: (Check one option only)** **Statewide Contract** (OSD or an OSD-designated Department) **Collective Purchase** (Attach OSD approval, scope, budget) **Department Procurement** (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) **Emergency Contract** (Attach justification for emergency, scope, budget) **Contract Employee** (Attach Employment Status Form, scope, budget) **X Legislative/Legal or Other**: (Attach authorizing language/justification, scope and budget	**CONTRACT AMENDMENT** Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___. Enter **Amendment Amount**: $_____. (or "no change") **AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)** **Amendment to Scope or Budget** (Attach updated scope and budget) **Interim Contract** (Attach justification for Interim Contract and updated scope/budget) **Contract Employee** (Attach any updates to scope or budget) **Legislative/Legal or Other:** (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____ Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$29,952.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**
X:_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:**_____. **Print Title:** _____.	**X:**_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:** _____. **Print Title:** _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF PAXTON**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 697 PLEASANT ST PAXTON, MA 01612-1082	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: CINDY LOVE	**Billing Address (if different):**
E-Mail: clove@townofpaxton.net	**Contract Manager: Stacey O'Connell**
Phone: 508-756-2833 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 3 6	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A P A X T O N 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
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The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$10,860.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/osd under OSD Forms.

CONTRACTOR LEGAL NAME: **CITY OF PEABODY**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 24 LOWELL ST PEABODY, MA 01960-5440	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: CAROLYN WYNN	**Billing Address (if different):**
E-Mail: cwynn@peabodycoa.org	**Contract Manager: Stacey O'Connell**
Phone: 978-531-2254 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 1 2 5	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A P E A B O D Y 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$163,440.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF PELHAM**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 351 AMHERST RD PELHAM, MA 01002-9714	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: KATHLEEN MARTELL	**Billing Address (if different):**
E-Mail: pelhamtownclerk@comcast.net	**Contract Manager: Stacey O'Connell**
Phone: 413-253-0512 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 3 7	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A P E L H A M 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$6,000.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **TOWN OF PEMBROKE**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 100 CENTER ST PEMBROKE, MA 02359-2207	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: SABRINA CHILOTT	**Billing Address (if different):**
E-Mail: schilcott@pembroke-ma.gov	**Contract Manager: Stacey O'Connell**
Phone: 781-294-8220 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 3 8	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A P E M B R O K E 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
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Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

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X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$36,156.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
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Print Title: _____

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CONTRACTOR LEGAL NAME: **TOWN OF PEPPERELL**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 1 MAIN ST PEPPERELL, MA 01463-1647	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: SUSAN MCCARTHY	**Billing Address (if different):**
E-Mail: coa@town.pepperell.ma.us	**Contract Manager: Stacey O'Connell**
Phone: 978-433-0326 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 3 9	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A P E P P E R E L L 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

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__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$22,337.35**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **TOWN OF PERU**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): P.O. Box 516 PERU, MA 1235-9513	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: MARY MARGARET MORRISON	**Billing Address (if different):**
E-Mail: perumacoa@aol.com	**Contract Manager: Stacey O'Connell**
Phone: 413-446-9628 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 4 0	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A P E R U 0 0 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$1,124.92**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF PETERSHAM**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 3 S MAIN ST PETERSHAM, MA 1366-9755	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: KAY BERRY	**Billing Address (if different):**
E-Mail: pshamcoa@gmail.com	**Contract Manager: Stacey O'Connell**
Phone: 978-724-6610 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 4 1	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A P E T E R S H A M 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$6,000.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF PHILLIPSTON**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 50 THE CMN PHILLIPSTON, MA 01331-9736	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: PAULA HALEY	**Billing Address (if different):**
E-Mail: phaleyhr@gmail.com	**Contract Manager: Stacey O'Connell**
Phone: 978-939-4086 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 4 2	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A P H I L L I P S T O N 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$3,800.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **CITY OF PITTSFIELD**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 70 ALLEN ST PITTSFIELD, MA 01201-6250	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: JIM CLARK	**Billing Address (if different):**
E-Mail: jclark@pittsfieldch.com	**Contract Manager: Stacey O'Connell**
Phone: 413-499-9346 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 1 2 8	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A P I T T S F I E L D 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$128,076.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF PLAINFIELD**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 344 MAIN ST PLAINFIELD, MA 01070-9795	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: SUSAN LAROCK	**Billing Address (if different):**
E-Mail: pking@town.plainfield.ma.us	**Contract Manager: Stacey O'Connell**
Phone: 413-743-5345 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 4 3	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A P L A I N F I E L D 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$6,000.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF PLAINVILLE**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 142 SOUTH ST PLAINVILLE, MA 02762-1917	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: LISA COGLIANO	**Billing Address (if different):**
E-Mail: lcogliano@plainville.ma.us	**Contract Manager: Stacey O'Connell**
Phone: 508-699-7384 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 4 4	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A P L A I N V I L L E 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$18,667.18**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF PLYMOUTH**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 11 LINCOLN ST PLYMOUTH, MA 02360-3325	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: MICHELLE BRATTI	**Billing Address (if different):**
E-Mail: mbratti@townhall.plymouth.ma.us	**Contract Manager: Stacey O'Connell**
Phone: 508-830-4230 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 4 5	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A P L Y M O U T H 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**
X NEW CONTRACT **PROCUREMENT OR EXCEPTION TYPE: (Check one option only)** **Statewide Contract** (OSD or an OSD-designated Department) **Collective Purchase** (Attach OSD approval, scope, budget) **Department Procurement** (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) **Emergency Contract** (Attach justification for emergency, scope, budget) **Contract Employee** (Attach Employment Status Form, scope, budget) **X Legislative/Legal or Other**: (Attach authorizing language/justification, scope and budget	**CONTRACT AMENDMENT** Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.** Enter **Amendment Amount**: $_____. (or "no change") **AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)** **Amendment to Scope or Budget** (Attach updated scope and budget) **Interim Contract** (Attach justification for Interim Contract and updated scope/budget) **Contract Employee** (Attach any updates to scope or budget) **Legislative/Legal or Other:** (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____ Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$143,874.79**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**
X:_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:**_____. **Print Title:** _____.	**X:**_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:** _____. **Print Title:** _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF PLYMPTON**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 5 PALMER RD PLYMPTON, MA 02367-1110	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: JOY MARBLE	**Billing Address (if different):**
E-Mail: jmarble606@comcast.net	**Contract Manager: Stacey O'Connell**
Phone: 781-585-2700 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 4 7	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A P L Y M P T O N 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$7,032.99**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF PRINCETON**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 6 TOWN HALL DR PRINCETON, MA 01541-1138	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: LINDA FARINEAU	**Billing Address (if different):**
E-Mail: coa@town.princeton.ma.us	**Contract Manager: Stacey O'Connell**
Phone: 978-464-5977 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 4 9	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A P R I N C E T O N 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
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Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$8,278.63**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**
X:_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)**	**X:**_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)**
Print Name:_____. **Print Title:** _____.	**Print Name:** _____. **Print Title:** _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF PROVINCETOWN**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 260 COMMERCIAL ST PROVINCETOWN, MA 02657-2213	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: CHRIS HOTTLE	**Billing Address (if different):**
E-Mail: chottle@provincetown-ma.gov	**Contract Manager: Stacey O'Connell**
Phone: 508-487-7080 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 5 0	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A P R O V I N C E T O W N 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$11,256.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **CITY OF QUINCY**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 1305 HANCOCK ST QUINCY, MA 02169-5119	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: THOMAS F. CLASBY, JR.	**Billing Address (if different):**
E-Mail: tclasby@quincyma.gov	**Contract Manager: Stacey O'Connell**
Phone: 617-376-1244 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 1 3 2	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A Q U I N C Y 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$228,660.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **TOWN OF RANDOLPH**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 41 S MAIN ST - TREASURER RANDOLPH, MA 02368-4839	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: MARC CRAIG	**Billing Address (if different):**
E-Mail: mcraig@randolph-ma.gov	**Contract Manager: Stacey O'Connell**
Phone: 781-961-0930 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 5 1	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A R A N D O L P H 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$71,290.95**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **TOWN OF RAYNHAM**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 558 S MAIN ST RAYNHAM, MA 02767-1677	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: ELIZABETH MOURA	**Billing Address (if different):**
E-Mail: emoura@town.raynham.ma.us	**Contract Manager: Stacey O'Connell**
Phone: 508-824-2740 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 5 2	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A R A Y N H A M 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
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CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
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Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

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X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$32,792.64**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF READING**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 16 LOWELL ST READING, MA 01867-2601	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: JANE BURNS	**Billing Address (if different):**
E-Mail: jburns@ci.reading.ma.us	**Contract Manager: Stacey O'Connell**
Phone: 781-942-6658 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 5 3	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A R E A D I N G 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$59,448.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF REHOBOTH**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 148R PECK ST REHOBOTH, MA 02769-3009	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: LINNA SHERMAN	**Billing Address (if different):**
E-Mail: lsherman@town.rehoboth.ma.us	**Contract Manager: Stacey O'Connell**
Phone: 508-252-3372 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 5 5	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A R E H O B O T H 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**
X NEW CONTRACT **PROCUREMENT OR EXCEPTION TYPE: (Check one option only)** **Statewide Contract** (OSD or an OSD-designated Department) **Collective Purchase** (Attach OSD approval, scope, budget) **Department Procurement** (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) **Emergency Contract** (Attach justification for emergency, scope, budget) **Contract Employee** (Attach Employment Status Form, scope, budget) **X Legislative/Legal or Other**: (Attach authorizing language/justification, scope and budget	**CONTRACT AMENDMENT** Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___. Enter **Amendment Amount**: $_____. (or "no change") **AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)** **Amendment to Scope or Budget** (Attach updated scope and budget) **Interim Contract** (Attach justification for Interim Contract and updated scope/budget) **Contract Employee** (Attach any updates to scope or budget) **Legislative/Legal or Other:** (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____ Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$27,204.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**
X:_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:**_____. **Print Title:** _____.	**X:**_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:** _____. **Print Title:** _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **CITY OF REVERE**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 281 BROADWAY REVERE, MA 02151-5027	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: STEPHEN FIELDING	**Billing Address (if different):**
E-Mail: sfielding@revere.org	**Contract Manager: Stacey O'Connell**
Phone: 781-286-8156 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 1 3 6	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A R E V E R E 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$122,328.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF RICHMOND**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 1529 STATE RD RICHMOND, MA 01254-5094	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: PHYLLIS LEBEAU	**Billing Address (if different):**
E-Mail: coa@richmondma.org	**Contract Manager: Stacey O'Connell**
Phone: 413-698-3656 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 5 7	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A R I C H M O N D 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
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The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$4,657.32**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF ROCHESTER**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 1 CONSTITUTION WAY ROCHESTER, MA 02770-2029	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: MIKE CAMBRA	**Billing Address (if different):**
E-Mail: freightmaster1@comcast.net	**Contract Manager: Stacey O'Connell**
Phone: 508-763-8723 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 5 8	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A R O C H E S T E R 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$12,203.98**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF ROCKLAND**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 242 UNION ST ROCKLAND, MA 02370-1804	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: MARGARET BRYAN	**Billing Address (if different):**
E-Mail: rocklandseniors@yahoo.com	**Contract Manager: Stacey O'Connell**
Phone: 781-871-1266 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 5 9	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A R O C K L A N D 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**
X NEW CONTRACT **PROCUREMENT OR EXCEPTION TYPE: (Check one option only)** **Statewide Contract** (OSD or an OSD-designated Department) **Collective Purchase** (Attach OSD approval, scope, budget) **Department Procurement** (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) **Emergency Contract** (Attach justification for emergency, scope, budget) **Contract Employee** (Attach Employment Status Form, scope, budget) **X Legislative/Legal or Other**: (Attach authorizing language/justification, scope and budget	**CONTRACT AMENDMENT** Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___. Enter **Amendment Amount**: $_____. (or "no change") **AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)** **Amendment to Scope or Budget** (Attach updated scope and budget) **Interim Contract** (Attach justification for Interim Contract and updated scope/budget) **Contract Employee** (Attach any updates to scope or budget) **Legislative/Legal or Other:** (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$40,807.52**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**
X:_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:**_____. **Print Title:** _____.	**X:**_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:** _____. **Print Title:** _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF ROCKPORT**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): PO BOX 15 ROCKPORT, MA 01966-0015	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: DIANE BERTOLINO	**Billing Address (if different):**
E-Mail: dbertolino@rockportma.gov	**Contract Manager: Stacey O'Connell**
Phone: 978-546-2573 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 6 0	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A R O C K P O R T 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$26,308.53**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **TOWN OF ROWE**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 321 ZOAR RD ROWE, MA 01367-9728	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: SANDRA DAVIAU	**Billing Address (if different):**
E-Mail: collector@rowe-ma.gov	**Contract Manager: Stacey O'Connell**
Phone: 413-339-5520 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 6 1	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A R O W E 0 0 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**
X NEW CONTRACT **PROCUREMENT OR EXCEPTION TYPE: (Check one option only)** **Statewide Contract** (OSD or an OSD-designated Department) **Collective Purchase** (Attach OSD approval, scope, budget) **Department Procurement** (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) **Emergency Contract** (Attach justification for emergency, scope, budget) **Contract Employee** (Attach Employment Status Form, scope, budget) **X Legislative/Legal or Other**: (Attach authorizing language/justification, scope and budget	**CONTRACT AMENDMENT** Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.** Enter **Amendment Amount**: $_____. (or "no change") **AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)** **Amendment to Scope or Budget** (Attach updated scope and budget) **Interim Contract** (Attach justification for Interim Contract and updated scope/budget) **Contract Employee** (Attach any updates to scope or budget) **Legislative/Legal or Other:** (Attach authorizing language/justification and updated scope and budget)

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X Commonwealth Terms and Conditions _____ Commonwealth Terms and Conditions For Human and Social Services.

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X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$3,735.93**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**
X:_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:**_____. **Print Title:** _____.	**X:**_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:** _____. **Print Title:** _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF ROWLEY**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): PO BOX 347 ROWLEY, MA 01969-0847	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: BRIENNE WALSH	**Billing Address (if different):**
E-Mail: brienne.walsh@townofrowley.org	**Contract Manager: Stacey O'Connell**
Phone: 978-948-7637 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 6 2	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A R O W L E Y 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$12,322.01**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**
X:_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)**	**X:**_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)**
Print Name:_____. **Print Title:** _____.	**Print Name:** _____. **Print Title:** _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF ROYALSTON**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): PO BOX 1 ROYALSTON, MA 01368-0001	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: BETTY WOODBURY	**Billing Address (if different):**
E-Mail: bos@royalston-ma.gov	**Contract Manager: Stacey O'Connell**
Phone: 978-249-9656 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 6 3	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A R O Y A L S T O N 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$2,881.61**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF RUSSELL**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): PO BOX 407 RUSSELL, MA 01071-0407	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: HEATHER MORGAN	**Billing Address (if different):**
E-Mail: hmorgan125@gmail.com	**Contract Manager: Stacey O'Connell**
Phone: 413-862-6205 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 6 4	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A R U S S E L L 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$6,000.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **TOWN OF RUTLAND**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 250 MAIN ST RUTLAND, MA 01543-1376	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: NANCY NICHOLS	**Billing Address (if different):**
E-Mail: nancyn@townofrutland.org	**Contract Manager: Stacey O'Connell**
Phone: 508-886-7945 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 6 5	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A R U T L A N D 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

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CONTRACT AMENDMENT

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PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **CITY OF SALEM**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 93 WASHINGTON ST SALEM, MA 01970-3527	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: TERESA ARNOLD	**Billing Address (if different):**
E-Mail: tarnold@salem.com	**Contract Manager: Stacey O'Connell**
Phone: 978-744-0924 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 1 3 7	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A S A L E M 0 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$89,108.99**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF SALISBURY**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 5 BEACH RD SALISBURY, MA 01952-2056	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: ELIZABETH PETTIS	**Billing Address (if different):**
E-Mail: epettis@salisburyma.gov	**Contract Manager: Stacey O'Connell**
Phone: 978-462-2412 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 6 6	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A S A L I S B U R Y 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$22,656.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **TOWN OF SANDISFIELD**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): PO BOX 154 SANDISFIELD, MA 01255-0154	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: LINDA RIISKA	**Billing Address (if different):**
E-Mail: coa@sandisfieldma.gov	**Contract Manager: Stacey O'Connell**
Phone: 413-258-4215 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 6 7	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A S A N D I S F I E L D 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$4,840.45**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **TOWN OF SANDWICH**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 130 MAIN ST SANDWICH, MA 02563-2208	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: SUSAN MARANCIK	**Billing Address (if different):**
E-Mail: smarancik@townofsandwich.net	**Contract Manager: Stacey O'Connell**
Phone: 508-833-8020 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 6 8	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A S A N D W I C H 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**
X NEW CONTRACT **PROCUREMENT OR EXCEPTION TYPE: (Check one option only)** **Statewide Contract** (OSD or an OSD-designated Department) **Collective Purchase** (Attach OSD approval, scope, budget) **Department Procurement** (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) **Emergency Contract** (Attach justification for emergency, scope, budget) **Contract Employee** (Attach Employment Status Form, scope, budget) **X Legislative/Legal or Other**: (Attach authorizing language/justification, scope and budget	**CONTRACT AMENDMENT** Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.** Enter **Amendment Amount**: $_____. (or "no change") **AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)** **Amendment to Scope or Budget** (Attach updated scope and budget) **Interim Contract** (Attach justification for Interim Contract and updated scope/budget) **Contract Employee** (Attach any updates to scope or budget) **Legislative/Legal or Other:** (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$56,304.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**
X:_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:**_____. **Print Title:** _____.	**X:**_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:** _____. **Print Title:** _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF SAUGUS**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 298 CENTRAL ST SAUGUS, MA 01906-2152	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: JOANNE OLSEN	**Billing Address (if different):**
E-Mail: jolsen@saugus-ma.gov	**Contract Manager: Stacey O'Connell**
Phone: 781-231-4178 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 6 9	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A S A U G U S 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$75,343.51**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF SCITUATE**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 600 CHIEF JUSTICE CUSHING HWY SCITUATE, MA 02066-3297	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: LINDA P. HAYES	**Billing Address (if different):**
E-Mail: lhayes@scituatema.gov	**Contract Manager: Stacey O'Connell**
Phone: 781-545-8722 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 7 1	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A S C I T U A T E 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$52,008.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF SEEKONK**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 100 PECK ST SEEKONK, MA 02771-5116	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: ASHLEY CARTWRIGHT	**Billing Address (if different):**
E-Mail: acartwright@seekonk-ma.gov	**Contract Manager: Stacey O'Connell**
Phone: 508-336-8772 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 7 2	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A S E E K O N K 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$35,460.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF SHARON**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): PO BOX 313 SHARON, MA 02067-0313	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: KATHLEEN MEDEIROS	**Billing Address (if different):**
E-Mail: Kmedeiros@townofsharon.org	**Contract Manager: Stacey O'Connell**
Phone: 781-784-8000 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 7 3	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A S H A R O N 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$40,812.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF SHEFFIELD**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): PO BOX 325 SHEFFIELD, MA 01257-0325	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: KATHY LORING	**Billing Address (if different):**
E-Mail: kloring@sheffieldma.gov	**Contract Manager: Stacey O'Connell**
Phone: 413-229-7037 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 7 4	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A S H E F F I E L D 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$10,896.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF SHELBURNE**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 51 BRIDGE ST SHELBURNE FALLS, MA 01370-1102	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: CATHY BUNTIN	**Billing Address (if different):**
E-Mail: sfsrctr@crocker.com	**Contract Manager: Stacey O'Connell**
Phone: 413-625-2502 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 7 5	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A S H E L B U R N E 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$6,417.11**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF SHERBORN**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 19 WASHINGTON ST SHERBORN, MA 01770-1025	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: KAREN JUHL	**Billing Address (if different):**
E-Mail: coa@sherbornma.org	**Contract Manager: Stacey O'Connell**
Phone: 508-651-7858 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 7 6	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A S H E R B O R N 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$9,828.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**
X:_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)**	**X:**_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)**
Print Name:_____. **Print Title:** _____.	**Print Name:** _____. **Print Title:** _____

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CONTRACTOR LEGAL NAME: **TOWN OF SHIRLEY**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): PO BOX 518 SHIRLEY, MA 01464-0518	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: MARILYN LARGEY	**Billing Address (if different):**
E-Mail: coadirector@shirley-ma.gov	**Contract Manager: Stacey O'Connell**
Phone: 978-425-1390 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 7 7	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A S H I R L E Y 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$12,457.76**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

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__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **TOWN OF SHUTESBURY**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): PO BOX 2 SHUTESBURY, MA 01072-0002	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: BECKY TORRES	**Billing Address (if different):**
E-Mail: townadmin@shutesbury.org	**Contract Manager: Stacey O'Connell**
Phone: 413-259-1214 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 8 1	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A S H U T E S B U R Y 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
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X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$6,000.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF SOMERSET**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 19 NORFOLK AVE SOUTH EASTON, MA 02375-1911	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: SHAUNA GEARY	**Billing Address (if different):**
E-Mail: coa@town.somerset.ma.us	**Contract Manager: Stacey O'Connell**
Phone: 508-646-2833 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 8 2	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A S O M E R S E T 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$61,127.88**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **CITY OF SOMERVILLE**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 93 HIGHLAND AVE SOMERVILLE, MA 02143-1740	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: CINDY HICKEY	**Billing Address (if different):**
E-Mail: chickey@ci.somerville.ma.us	**Contract Manager: Stacey O'Connell**
Phone: 617-625-6600 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 1 3 8	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A S O M E R V I L L E 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**
X NEW CONTRACT **PROCUREMENT OR EXCEPTION TYPE: (Check one option only)** **Statewide Contract** (OSD or an OSD-designated Department) **Collective Purchase** (Attach OSD approval, scope, budget) **Department Procurement** (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) **Emergency Contract** (Attach justification for emergency, scope, budget) **Contract Employee** (Attach Employment Status Form, scope, budget) **X Legislative/Legal or Other**: (Attach authorizing language/justification, scope and budget	**CONTRACT AMENDMENT** Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.** Enter **Amendment Amount**: $_____. (or "no change") **AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)** **Amendment to Scope or Budget** (Attach updated scope and budget) **Interim Contract** (Attach justification for Interim Contract and updated scope/budget) **Contract Employee** (Attach any updates to scope or budget) **Legislative/Legal or Other:** (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____ Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$117,108.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**
X:_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:**_____. **Print Title:** _____.	**X:**_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:** _____. **Print Title:** _____

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CONTRACTOR LEGAL NAME: **TOWN OF SOUTH HADLEY**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 116 MAIN ST SOUTH HADLEY, MA 01075-2833	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: LESLIE HENNESSEY	**Billing Address (if different):**
E-Mail: lhennessey@southhadleyma.gov	**Contract Manager: Stacey O'Connell**
Phone: 413-538-5042 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: VC6000191983	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** FY20COASOUTH HADLEY0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$49,008.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **TOWN OF SOUTHAMPTON**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): PO BOX 397 SOUTHAMPTON, MA 01073-0397	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: JOAN LINNEHAN	**Billing Address (if different):**
E-Mail: coadirector@townofsouthampton.org	**Contract Manager: Stacey O'Connell**
Phone: 413-529-2105 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 8 5	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A S O U T H A M P T O N 0 0 **RFR/Procurement or Other ID Number: Grant Award**
X NEW CONTRACT **PROCUREMENT OR EXCEPTION TYPE: (Check one option only)** **Statewide Contract** (OSD or an OSD-designated Department) **Collective Purchase** (Attach OSD approval, scope, budget) **Department Procurement** (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) **Emergency Contract** (Attach justification for emergency, scope, budget) **Contract Employee** (Attach Employment Status Form, scope, budget) **X Legislative/Legal or Other**: (Attach authorizing language/justification, scope and budget	**CONTRACT AMENDMENT** Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.** Enter **Amendment Amount**: $_____. (or "no change") **AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)** **Amendment to Scope or Budget** (Attach updated scope and budget) **Interim Contract** (Attach justification for Interim Contract and updated scope/budget) **Contract Employee** (Attach any updates to scope or budget) **Legislative/Legal or Other:** (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$14,496.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**
X:_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:**_____. **Print Title:** _____.	**X:**_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:** _____. **Print Title:** _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF SOUTHBOROUGH**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): PO BOX 9109 SOUTHBOROUGH, MA 01772-9109	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: PAM LEFRANCOIS	**Billing Address (if different):**
E-Mail: plefrancois@southboroughma.com	**Contract Manager: Stacey O'Connell**
Phone: 508-229-4453 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 8 6	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A S O U T H B O R O U G H 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$19,284.98**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF SOUTHBRIDGE**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 41 ELM ST SOUTHBRIDGE, MA 01550-2645	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: MICHAEL J. TROMBLEY	**Billing Address (if different):**
E-Mail: southvetserv@charter.net	**Contract Manager: Stacey O'Connell**
Phone: 508-764-5436 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 8 7	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A S O U T H B R I D G E 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
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Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$36,730.39**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **TOWN OF SOUTHWICK**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 454 COLLEGE HWY SOUTHWICK, MA 01077-9706	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: CINDY SULLIVAN	**Billing Address (if different):**
E-Mail: csullivan@southwickma.net	**Contract Manager: Stacey O'Connell**
Phone: 413-569-5498 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 8 8	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A S O U T H W I C K 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
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Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$23,745.08**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF SPENCER**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 157 MAIN ST SPENCER, MA 01562-2123	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: PAMELA WOODBURY	**Billing Address (if different):**
E-Mail: pwoodbury@spencerma.gov	**Contract Manager: Stacey O'Connell**
Phone: 508-885-7546 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 8 9	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A S P E N C E R 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

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Contract Employee (Attach Employment Status Form, scope, budget)
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CONTRACT AMENDMENT

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__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$29,229.37**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **CITY OF SPRINGFIELD**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 36 COURT ST SPRINGFIELD, MA 01103-1699	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: SANDRA FEDERICO	**Billing Address (if different):**
E-Mail: Sfederico@springfieldcityhall.com	**Contract Manager: Stacey O'Connell**
Phone: 413-787-6785 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 1 4 0	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A S P R I N G F I E L D 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$225,305.42**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

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CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF STERLING**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 1 PARK ST STERLING, MA 01564-2145	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: VERONICA BUCKLEY	**Billing Address (if different):**
E-Mail: vbuckley@sterling-ma.gov	**Contract Manager: Stacey O'Connell**
Phone: 978-422-3032 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 9 0	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A S T E R L I N G 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$19,332.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **TOWN OF STOCKBRIDGE**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): PO BOX 417 STOCKBRIDGE, MA 01262-0417	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: ELIZABETH DIGRIGOLI	**Billing Address (if different):**
E-Mail: coa@townofstockbridge.com	**Contract Manager: Stacey O'Connell**
Phone: 413-298-4170 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 9 1	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A S T O C K B R I D G E 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$8,868.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **TOWN OF STONEHAM**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 35 CENTRAL ST STONEHAM, MA 02180-2055	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: MAUREEN CANOVA	**Billing Address (if different):**
E-Mail: mcanova@stoneham-ma.gov	**Contract Manager: Stacey O'Connell**
Phone: 781-279-2605 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 9 2	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A S T O N E H A M 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
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CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
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Amendment to Scope or Budget (Attach updated scope and budget)
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The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$64,440.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF STOUGHTON**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 10 PEARL ST STOUGHTON, MA 02072-2364	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: KAREN MACDONALD	**Billing Address (if different):**
E-Mail: kmacdonald@stoughton-ma.gov	**Contract Manager: Stacey O'Connell**
Phone: 781-344-8882 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 9 3	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A S T O U G H T O N 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$73,992.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **TOWN OF STOW**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 380 GREAT RD STOW, MA 01775-2127	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: ALYSON TOOLE	**Billing Address (if different):**
E-Mail: coa@stow-ma.gov	**Contract Manager: Stacey O'Connell**
Phone: 978-897-1880 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 9 4	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A S T O W 0 0 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
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Contract Employee (Attach Employment Status Form, scope, budget)
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CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

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X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
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X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$15,384.00**

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **TOWN OF STURBRIDGE**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 308 MAIN ST STURBRIDGE, MA 01566-2300	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: LESLIE WONG	**Billing Address (if different):**
E-Mail: lwong@town.sturbridge.ma.us	**Contract Manager: Stacey O'Connell**
Phone: 508-347-7575 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 9 5	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A S T U R B R I D G E 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**
X NEW CONTRACT **PROCUREMENT OR EXCEPTION TYPE: (Check one option only)** **Statewide Contract** (OSD or an OSD-designated Department) **Collective Purchase** (Attach OSD approval, scope, budget) **Department Procurement** (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) **Emergency Contract** (Attach justification for emergency, scope, budget) **Contract Employee** (Attach Employment Status Form, scope, budget) **X Legislative/Legal or Other**: (Attach authorizing language/justification, scope and budget	**CONTRACT AMENDMENT** Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___. Enter **Amendment Amount**: $_____. (or "no change") **AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)** **Amendment to Scope or Budget** (Attach updated scope and budget) **Interim Contract** (Attach justification for Interim Contract and updated scope/budget) **Contract Employee** (Attach any updates to scope or budget) **Legislative/Legal or Other:** (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____ Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$23,352.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**
X:_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:**_____. **Print Title:** _____.	**X:**_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:** _____. **Print Title:** _____

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CONTRACTOR LEGAL NAME: **TOWN OF SUDBURY**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 278 OLD SUDBURY RD SUDBURY, MA 01776-1843	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: DEBRA GALLOWAY	**Billing Address (if different):**
E-Mail: gallowayd@sudbury.ma.us	**Contract Manager: Stacey O'Connell**
Phone: 978-443-3055 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 9 6	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A S U D B U R Y 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**
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X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$29,619.17**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**
X:_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:**_____. **Print Title:** _____.	**X:**_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:** _____. **Print Title:** _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF SUNDERLAND**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 12 SCHOOL ST SUNDERLAND, MA 01375-9503	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: MARLENE JOHNSON	**Billing Address (if different):**
E-Mail: scsc@town.deerfield.ma.us	**Contract Manager: Stacey O'Connell**
Phone: 413-665-9508 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 9 7	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A S U N D E R L A N D 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$6,684.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF SUTTON**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 4 UXBRIDGE RD SUTTON, MA 01590-1702	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: MICHELLE EDELSTEIN	**Billing Address (if different):**
E-Mail: m.edelstein@town.sutton.ma.us	**Contract Manager: Stacey O'Connell**
Phone: 508-234-0703 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 9 8	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A S U T T O N 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**
X NEW CONTRACT **PROCUREMENT OR EXCEPTION TYPE: (Check one option only)** **Statewide Contract** (OSD or an OSD-designated Department) **Collective Purchase** (Attach OSD approval, scope, budget) **Department Procurement** (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) **Emergency Contract** (Attach justification for emergency, scope, budget) **Contract Employee** (Attach Employment Status Form, scope, budget) **X Legislative/Legal or Other**: (Attach authorizing language/justification, scope and budget	**CONTRACT AMENDMENT** Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___. Enter **Amendment Amount**: $_____. (or "no change") **AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)** **Amendment to Scope or Budget** (Attach updated scope and budget) **Interim Contract** (Attach justification for Interim Contract and updated scope/budget) **Contract Employee** (Attach any updates to scope or budget) **Legislative/Legal or Other:** (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____ Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$19,272.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**
X:_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:**_____. **Print Title:** _____.	**X:**_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:** _____. **Print Title:** _____

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CONTRACTOR LEGAL NAME: **TOWN OF SWAMPSCOTT**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 22 MONUMENT AVE SWAMPSCOTT, MA 01907-1977	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: MARILYN HURWITZ	**Billing Address (if different):**
E-Mail: mhurwitz@town.swampscott.ma.us	**Contract Manager: Stacey O'Connell**
Phone: 781-596-8866 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 9 9	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A S W A M P S C O T T 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$39,779.19**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF SWANSEA**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 81 MAIN ST SWANSEA, MA 02777-4616	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: LAURIE PIMENTAL	**Billing Address (if different):**
E-Mail: lpimentel@town.swansea.ma.us	**Contract Manager: Stacey O'Connell**
Phone: 508-676-1831 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 0 2	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A S W A N S E A 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
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Contract Employee (Attach Employment Status Form, scope, budget)
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CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
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X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$46,716.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**
X:_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)**	**X:**_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)**
Print Name:_____. **Print Title:** _____.	**Print Name:** _____. **Print Title:** _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **CITY OF TAUNTON**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 15 SUMMER ST TAUNTON, MA 02780-3430	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: ANNE C. BISSON	**Billing Address (if different):**
E-Mail: abisson@taunton-ma.gov	**Contract Manager: Stacey O'Connell**
Phone: 508-821-1425 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 0 3	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A T A U N T O N 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$124,154.48**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF TEMPLETON**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): PO BOX 620 EAST TEMPLETON, MA 01438-0620	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: DIANNA MORRISON	**Billing Address (if different):**
E-Mail: dmorrison@templetonma.gov	**Contract Manager: Stacey O'Connell**
Phone: 978-894-2780 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 0 4	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A T E M P L E T O N 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$14,839.46**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **TOWN OF TEWKSBURY**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 1009 MAIN ST TEWKSBURY, MA 01876-4726	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: NICOLE HUTCHEON	**Billing Address (if different):**
E-Mail: nhutcheon@tewksbury-ma.gov	**Contract Manager: Stacey O'Connell**
Phone: 978-640-4482 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 0 5	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A T E W K S B U R Y 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**
X NEW CONTRACT **PROCUREMENT OR EXCEPTION TYPE: (Check one option only)** **Statewide Contract** (OSD or an OSD-designated Department) **Collective Purchase** (Attach OSD approval, scope, budget) **Department Procurement** (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) **Emergency Contract** (Attach justification for emergency, scope, budget) **Contract Employee** (Attach Employment Status Form, scope, budget) **X Legislative/Legal or Other**: (Attach authorizing language/justification, scope and budget	**CONTRACT AMENDMENT** Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___. Enter **Amendment Amount**: $_____. (or "no change") **AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)** **Amendment to Scope or Budget** (Attach updated scope and budget) **Interim Contract** (Attach justification for Interim Contract and updated scope/budget) **Contract Employee** (Attach any updates to scope or budget) **Legislative/Legal or Other:** (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$73,534.97**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**
X:_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:**_____. **Print Title:** _____.	**X:**_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:** _____. **Print Title:** _____

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CONTRACTOR LEGAL NAME: **TOWN OF TISBURY**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): PO BOX 2147 VINEYARD HAVEN, MA 02568-0916	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: JOYCE STILES-TUCKER	**Billing Address (if different):**
E-Mail: jstucker@tisburyma.gov	**Contract Manager: Stacey O'Connell**
Phone: 508-696-4205 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 0 6	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A T I S B U R Y 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

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Collective Purchase (Attach OSD approval, scope, budget)
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Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
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AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
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__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$11,280.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF TOLLAND**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 241 W GRANVILLE RD TOLLAND, MA 01034-9543	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: JEAN ARMITAGE	**Billing Address (if different):**
E-Mail: councilonaging@tolland-ma.com	**Contract Manager: Stacey O'Connell**
Phone: 413-258-4794 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 0 7	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A T O L L A N D 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$6,000.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

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CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF TOPSFIELD**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 8 W COMMON ST TOPSFIELD, MA 01983-1425	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: PAULA BURKE	**Billing Address (if different):**
E-Mail: pburke@topsfield-ma.gov	**Contract Manager: Stacey O'Connell**
Phone: 978-887-1523 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 0 8	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A T O P S F I E L D 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**
X NEW CONTRACT **PROCUREMENT OR EXCEPTION TYPE: (Check one option only)** **Statewide Contract** (OSD or an OSD-designated Department) **Collective Purchase** (Attach OSD approval, scope, budget) **Department Procurement** (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) **Emergency Contract** (Attach justification for emergency, scope, budget) **Contract Employee** (Attach Employment Status Form, scope, budget) **X Legislative/Legal or Other**: (Attach authorizing language/justification, scope and budget	**CONTRACT AMENDMENT** Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___. Enter **Amendment Amount**: $_____. (or "no change") **AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)** **Amendment to Scope or Budget** (Attach updated scope and budget) **Interim Contract** (Attach justification for Interim Contract and updated scope/budget) **Contract Employee** (Attach any updates to scope or budget) **Legislative/Legal or Other:** (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____ Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$14,033.92**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**
X:_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:**_____. **Print Title:** _____.	**X:**_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:** _____. **Print Title:** _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF TOWNSEND**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 272 MAIN ST TOWNSEND, MA 01469-1510	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: KARIN C. MOORE	**Billing Address (if different):**
E-Mail: coa@townsend.ma.us	**Contract Manager: Stacey O'Connell**
Phone: 978-597-1710 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 0 9	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A T O W N S E N D 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$16,922.05**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF TRURO**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): PO BOX 2030 TRURO, MA 02666-2030	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: SUSAN M. TRAVERS	**Billing Address (if different):**
E-Mail: coadirector@truro-ma.gov	**Contract Manager: Stacey O'Connell**
Phone: 508-487-2462 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 1 0	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A T R U R O 0 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
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X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$8,185.29**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF TYNGSBOROUGH**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 10 KENDALL RD TYNGSBORO, MA 01879-1013	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: BARBARA ROCHE	**Billing Address (if different):**
E-Mail: broche@tyngsboroughma.gov	**Contract Manager: Stacey O'Connell**
Phone: 978-649-9211 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 1 1	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A T Y N G S B O R O U G H 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$19,548.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF TYRINGHAM**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 116 MAIN RD TYRINGHAM, MA 01264-9700	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: TIM TAYLOR	**Billing Address (if different):**
E-Mail: tyringham.coa@gmail.com	**Contract Manager: Stacey O'Connell**
Phone: 413-243-1749 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 1 2	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A T Y R I N G H A M 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$5,714.49**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF UPTON**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 1 MAIN ST UPTON, MA 01568-1619	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: JANICE NOWICKI	**Billing Address (if different):**
E-Mail: jnowicki@uptonma.gov	**Contract Manager: Stacey O'Connell**
Phone: 508-529-4558 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 1 3	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A U P T O N 0 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$14,424.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF UXBRIDGE**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 21 S MAIN ST UXBRIDGE, MA 01569-1851	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: LISA BERNARD	**Billing Address (if different):**
E-Mail: lbernard@uxbridge-ma.gov	**Contract Manager: Stacey O'Connell**
Phone: 508-278-8622 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 1 4	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A U X B R I D G E 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
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CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
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AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
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X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$29,100.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF WAKEFIELD**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 1 LAFAYETTE ST WAKEFIELD, MA 01880-2339	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: JUDY LUCIANO	**Billing Address (if different):**
E-Mail: jluciano@wakefield.ma.us	**Contract Manager: Stacey O'Connell**
Phone: 781-245-3312 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 1 6	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A W A K E F I E L D 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$62,508.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF WALES**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): PO BOX 834 WALES, MA 01081-0834	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: CHERI FISHER	**Billing Address (if different):**
E-Mail: coa@townofwales.net	**Contract Manager: Stacey O'Connell**
Phone: 413-245-9683 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 1 7	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A W A L E S 0 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$5,970.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF WALPOLE**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 135 SCHOOL ST WALPOLE, MA 02081-2844	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: KERRI MCMANAMA	**Billing Address (if different):**
E-Mail: kmcmanama@walpole-ma.gov	**Contract Manager: Stacey O'Connell**
Phone: 508-668-3330 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 1 8	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A W A L P O L E 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**
X NEW CONTRACT **PROCUREMENT OR EXCEPTION TYPE: (Check one option only)** **Statewide Contract** (OSD or an OSD-designated Department) **Collective Purchase** (Attach OSD approval, scope, budget) **Department Procurement** (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) **Emergency Contract** (Attach justification for emergency, scope, budget) **Contract Employee** (Attach Employment Status Form, scope, budget) **X Legislative/Legal or Other**: (Attach authorizing language/justification, scope and budget	**CONTRACT AMENDMENT** Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.** Enter **Amendment Amount**: $_____. (or "no change") **AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)** **Amendment to Scope or Budget** (Attach updated scope and budget) **Interim Contract** (Attach justification for Interim Contract and updated scope/budget) **Contract Employee** (Attach any updates to scope or budget) **Legislative/Legal or Other:** (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____ Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$59,520.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**
X:_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:**_____. **Print Title:** _____.	**X:**_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:** _____. **Print Title:** _____

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CONTRACTOR LEGAL NAME: **CITY OF WALTHAM**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 610 MAIN ST WALTHAM, MA 02452-5580	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: MARYBETH DUFFY	**Billing Address (if different):**
E-Mail: mbduffy@city.waltham.ma.us	**Contract Manager: Stacey O'Connell**
Phone: 781-314-3497 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 1 4 1	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A W A L T H A M 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
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Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$125,148.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **TOWN OF WARE**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 126 MAIN ST WARE, MA 01082-1360	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: JOHN ZIENOWICZ	**Billing Address (if different):**
E-Mail: jzienowicz@townofware.com	**Contract Manager: Stacey O'Connell**
Phone: 413-967-9645 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 2 0	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A W A R E 0 0 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**
X NEW CONTRACT **PROCUREMENT OR EXCEPTION TYPE: (Check one option only)** **Statewide Contract** (OSD or an OSD-designated Department) **Collective Purchase** (Attach OSD approval, scope, budget) **Department Procurement** (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) **Emergency Contract** (Attach justification for emergency, scope, budget) **Contract Employee** (Attach Employment Status Form, scope, budget) **X Legislative/Legal or Other**: (Attach authorizing language/justification, scope and budget	**CONTRACT AMENDMENT** Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___. Enter **Amendment Amount**: $_____. (or "no change") **AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)** **Amendment to Scope or Budget** (Attach updated scope and budget) **Interim Contract** (Attach justification for Interim Contract and updated scope/budget) **Contract Employee** (Attach any updates to scope or budget) **Legislative/Legal or Other:** (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$24,791.43**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**
X:_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:**_____. **Print Title:** _____.	**X:**_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:** _____. **Print Title:** _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF WAREHAM**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 54 MARION RD WAREHAM, MA 02571-1428	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: MISSY DZICZEK	**Billing Address (if different):**
E-Mail: mdziczek@wareham.ma.us	**Contract Manager: Stacey O'Connell**
Phone: 508-291-3130 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 2 1	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A W A R E H A M 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$63,972.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF WARREN**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): PO BOX 609 WARREN, MA 01083-0609	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: SHARON MELI	**Billing Address (if different):**
E-Mail: meli@warren-ma.gov	**Contract Manager: Stacey O'Connell**
Phone: 413-436-5662 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 2 2	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A W A R R E N 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$10,896.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
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Print Title: _____

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CONTRACTOR LEGAL NAME: **TOWN OF WARWICK**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 12 ATHOL RD WARWICK, MA 01364-9631	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: HELEN WHIPPLE	**Billing Address (if different):**
E-Mail: hrwhip1@yahoo.com	**Contract Manager: Stacey O'Connell**
Phone: 978-544-6406 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 2 3	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A W A R W I C K 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

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CONTRACT AMENDMENT

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **TOWN OF WATERTOWN**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 149 MAIN ST WATERTOWN, MA 02472-4423	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: ANNE-MARIE GAGNON	**Billing Address (if different):**
E-Mail: agagnon@watertown-ma.gov	**Contract Manager: Stacey O'Connell**
Phone: 617-972-6490 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 2 6	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A W A T E R T O W N 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**
X NEW CONTRACT **PROCUREMENT OR EXCEPTION TYPE: (Check one option only)** **Statewide Contract** (OSD or an OSD-designated Department) **Collective Purchase** (Attach OSD approval, scope, budget) **Department Procurement** (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) **Emergency Contract** (Attach justification for emergency, scope, budget) **Contract Employee** (Attach Employment Status Form, scope, budget) **X Legislative/Legal or Other**: (Attach authorizing language/justification, scope and budget	**CONTRACT AMENDMENT** Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.** Enter **Amendment Amount**: $_____. (or "no change") **AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)** **Amendment to Scope or Budget** (Attach updated scope and budget) **Interim Contract** (Attach justification for Interim Contract and updated scope/budget) **Contract Employee** (Attach any updates to scope or budget) **Legislative/Legal or Other:** (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____ Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$78,852.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**
X:_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:**_____. **Print Title:** _____.	**X:**_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:** _____. **Print Title:** _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF WAYLAND**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 41 COCHITUATE RD WAYLAND, MA 01778-2614	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: JULIE SECORD	**Billing Address (if different):**
E-Mail: jsecord@wayland.ma.us	**Contract Manager: Stacey O'Connell**
Phone: 508-358-2990 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 2 7	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A W A Y L A N D 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$36,612.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF WEBSTER**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 350 MAIN ST WEBSTER, MA 01570-2292	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: JEAN M. TRAVIS	**Billing Address (if different):**
E-Mail: jtravis@webster-ma.gov	**Contract Manager: Stacey O'Connell**
Phone: 508-949-3845 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 2 8	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A W E B S T E R 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**
X NEW CONTRACT **PROCUREMENT OR EXCEPTION TYPE: (Check one option only)** **Statewide Contract** (OSD or an OSD-designated Department) **Collective Purchase** (Attach OSD approval, scope, budget) **Department Procurement** (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) **Emergency Contract** (Attach justification for emergency, scope, budget) **Contract Employee** (Attach Employment Status Form, scope, budget) **X Legislative/Legal or Other**: (Attach authorizing language/justification, scope and budget	**CONTRACT AMENDMENT** Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___. Enter **Amendment Amount**: $_____. (or "no change") **AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)** **Amendment to Scope or Budget** (Attach updated scope and budget) **Interim Contract** (Attach justification for Interim Contract and updated scope/budget) **Contract Employee** (Attach any updates to scope or budget) **Legislative/Legal or Other:** (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____ Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$36,000.52**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**
X:_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:**_____. **Print Title:** _____.	**X:**_____. **Date:**_____. **(Signature and Date Must Be Handwritten At Time of Signature)** **Print Name:** _____. **Print Title:** _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF WELLESLEY**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): PO BOX 812025 WELLESLEY, MA 02482-0012	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: GAYLE THIEME	**Billing Address (if different):**
E-Mail: gthieme@wellesleyma.gov	**Contract Manager: Stacey O'Connell**
Phone: 781-263-1529 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 2 9	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A W E L L E S L E Y 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$65,148.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF WELLFLEET**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 300 MAIN ST WELLFLEET, MA 02667-7471	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: SUZANNE THOMAS	**Billing Address (if different):**
E-Mail: suzanne.thomas@wellfleet-ma.gov	**Contract Manager: Stacey O'Connell**
Phone: 508-349-0313 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 3 0	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A W E L L F L E E T 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$12,408.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF WENHAM**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 138 MAIN ST WENHAM, MA 01984-1555	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: JAMES REYNOLDS	**Billing Address (if different):**
E-Mail: jreynolds@wenhamma.gov	**Contract Manager: Stacey O'Connell**
Phone: 978-468-5529 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 3 3	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A W E N H A M 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$10,344.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF WEST BOYLSTON**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 127 HARTWELL STREET WEST BOYLSTON, MA 01583-2467	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: LISA CLARK VIKLUND	**Billing Address (if different):**
E-Mail: LCViklund@westboylston-ma.gov	**Contract Manager: Stacey O'Connell**
Phone: 508-835-6916 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 3 4	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A W E S T B O Y L S T O N 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$22,740.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **TOWN OF WEST BRIDGEWATER**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 65 N MAIN ST WEST BRIDGEWATER, MA 02379-1799	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: MARILYN MATHER	**Billing Address (if different):**
E-Mail: mmather@wbridgewater.com	**Contract Manager: Stacey O'Connell**
Phone: 508-894-1262 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 3 5	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A W E S T B R I D G E W A T **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$20,184.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **TOWN OF WEST BROOKFIELD**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): PO BOX 372 WEST BROOKFIELD, MA 01585-0372	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: LINDA MACCOY	**Billing Address (if different):**
E-Mail: lmaccoy@wbrookfield.com	**Contract Manager: Stacey O'Connell**
Phone: 508-867-1407 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 3 6	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A W E S T B R O O K F I E L **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
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Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
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X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

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X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$12,156.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF WEST NEWBURY**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 381 MAIN ST WEST NEWBURY, MA 01985-1450	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: THERESA WOODBURY	**Billing Address (if different):**
E-Mail: coa@wnewbury.org	**Contract Manager: Stacey O'Connell**
Phone: 978-363-1104 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 3 7	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A W E S T N E W B U R Y 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$9,960.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF WEST SPRINGFIELD**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 26 CENTRAL ST WEST SPRINGFIELD, MA 01089-2753	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: SARAH LONG	**Billing Address (if different):**
E-Mail: slong@townofwestspringfield.org	**Contract Manager: Stacey O'Connell**
Phone: 413-781-2214 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 3 8	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A W E S T S P R I N G F I E **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$71,652.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **TOWN OF WEST STOCKBRIDGE**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 21 STATE LINE RD WEST STOCKBRIDGE, MA 01266-9368	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: JOHN ZICK	**Billing Address (if different):**
E-Mail: coa@weststockbridge-ma.gov	**Contract Manager: Stacey O'Connell**
Phone: 413-232-0137 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 3 9	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A W E S T S T O C K B R I D **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$6,000.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **TOWN OF WEST TISBURY**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): PO BOX 278 WEST TISBURY, MA 02575-0278	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: JOYCE ALBERTINE	**Billing Address (if different):**
E-Mail: coa-director@westtisbury-ma.gov	**Contract Manager: Stacey O'Connell**
Phone: 508-693-2896 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 4 0	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A W E S T T I S B U R Y 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

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Contract Employee (Attach Employment Status Form, scope, budget)
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CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
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AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
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Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

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X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$8,028.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF WESTBOROUGH**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 34 W MAIN ST WESTBOROUGH, MA 0158-11935	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: ALMA DEMANCHE	**Billing Address (if different):**
E-Mail: ademanche@town.westborough.ma.us	**Contract Manager: Stacey O'Connell**
Phone: 508-366-3000 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 4 2	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A W E S T B O R O U G H 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$32,105.63**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **CITY OF WESTFIELD**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 59 COURT ST WESTFIELD, MA 01085-3520	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: TINA GORMAN	**Billing Address (if different):**
E-Mail: t.gorman@cityofwestfield.org	**Contract Manager: Stacey O'Connell**
Phone: 413-562-6435 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 4 4	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A W E S T F I E L D 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$87,653.91**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **TOWN OF WESTFORD**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): PO BOX 62 WESTFORD, MA 01886-0003	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: JENNIFER CLARO	**Billing Address (if different):**
E-Mail: jclaro@westfordma.gov	**Contract Manager: Stacey O'Connell**
Phone: 978-692-5523 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 4 5	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A W E S T F O R D 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
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Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$40,248.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
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Print Title: _____

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CONTRACTOR LEGAL NAME: **TOWN OF WESTHAMPTON**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 1 SOUTH RD WESTHAMPTON, MA 01027-9661	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: JULIA LENNEN	**Billing Address (if different):**
E-Mail: westhamptoncoa@comcast.net;	**Contract Manager: Stacey O'Connell**
Phone: 413-527-2404 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 4 7	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A W E S T H A M P T O N 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

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X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$5,980.51**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF WESTMINSTER**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): PO BOX 456 WESTMINSTER, MA 01473-0456	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: SUSAN FISHER	**Billing Address (if different):**
E-Mail: sfisher@westminster-ma.gov	**Contract Manager: Stacey O'Connell**
Phone: 978-874-7402 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 4 8	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A W E S T M I N S T E R 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$16,440.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF WESTON**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): PO BOX 378 WESTON, MA 02493-0002	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: MIGNONNE MURRAY	**Billing Address (if different):**
E-Mail: murray.m@westonmass.org	**Contract Manager: Stacey O'Connell**
Phone: 781-786-6280 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 4 9	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A W E S T O N 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$32,952.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF WESTPORT**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 816 MAIN RD WESTPORT, MA 02790-4311	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: BEVERLY BISCH	**Billing Address (if different):**
E-Mail: coadirector@westport-ma.gov	**Contract Manager: Stacey O'Connell**
Phone: 508-636-1026 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 5 0	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A W E S T P O R T 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$50,376.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF WESTWOOD**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 580 HIGH ST WESTWOOD, MA 02090-1607	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: LINA ARENA-DEROSA	**Billing Address (if different):**
E-Mail: larenaderosa@townhall.westwood.ma.us	**Contract Manager: Stacey O'Connell**
Phone: 781-329-8799 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 5 1	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A W E S T W O O D 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
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Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$41,256.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF WEYMOUTH**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 75 MIDDLE ST WEYMOUTH, MA 02189-1359	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: KAREN JOHNSTON	**Billing Address (if different):**
E-Mail: kjohnston@weymouth.ma.us	**Contract Manager: Stacey O'Connell**
Phone: 781-682-6140 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 5 3	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A W E Y M O U T H 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$136,632.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF WHATELY**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): PO BOX 89 WHATELY, MA 01093-0089	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: CHRISTINA JOHNSON	**Billing Address (if different):**
E-Mail: scsc@town.deerfield.ma.us	**Contract Manager: Stacey O'Connell**
Phone: 413-665-2141 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 5 5	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A W H A T E L Y 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$6,000.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **TOWN OF WHITMAN**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 54 SOUTH AVE WHITMAN, MA 02382-2052	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: BARBARA J. GARVEY	**Billing Address (if different):**
E-Mail: bgarvey@whitman-ma.gov	**Contract Manager: Stacey O'Connell**
Phone: 781-447-7619 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 5 6	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A W H I T M A N 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$8,973.95**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF WILBRAHAM**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 240 SPRINGFIELD ST WILBRAHAM, MA 01095-2257	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: PAULA DUBORD	**Billing Address (if different):**
E-Mail: pdubord@wilbraham-ma.gov	**Contract Manager: Stacey O'Connell**
Phone: 413-596-8379 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 5 8	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A W I L B R A H A M 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
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Contract Employee (Attach Employment Status Form, scope, budget)
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CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
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AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
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The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$43,584.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF WILLIAMSBURG**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 141 MAIN RD WILLIAMSBURG, MA 01096-9407	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: JENNIFER HOFFMAN	**Billing Address (if different):**
E-Mail: coa@burgy.org	**Contract Manager: Stacey O'Connell**
Phone: 413-268-8407 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 5 9	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A W I L L I A M S B U R G 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$7,101.38**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF WILLIAMSTOWN**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 31 NORTH ST WILLIAMSTOWN, MA 01267-2003	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: BRIAN O'GRADY	**Billing Address (if different):**
E-Mail: bogrady@williamstownma.gov	**Contract Manager: Stacey O'Connell**
Phone: 413-458-8250 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 6 0	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A W I L L I A M S T O W N 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$25,176.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF WILMINGTON**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 121 GLEN RD WILMINGTON, MA 01887-3542	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: TERRI MARCIELLO	**Billing Address (if different):**
E-Mail: tmarciello@wilmingtonma.gov	**Contract Manager: Stacey O'Connell**
Phone: 978-657-7595 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: VC6000192061	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** FY20COAWILMINGTON000 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$48,540.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF WINCHENDON**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 109 FRONT ST WINCHENDON, MA 01475-1758	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: SHEILA BETTRO	**Billing Address (if different):**
E-Mail: winchendoncoa@msn.com	**Contract Manager: Stacey O'Connell**
Phone: 978-297-3155 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 6 2	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A W I N C H E N D O N 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
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X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$13,890.16**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF WINCHESTER**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 71 MOUNT VERNON ST WINCHESTER, MA 01890-2706	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: PHILLIP BELTZ	**Billing Address (if different):**
E-Mail: pbeltz@winchester.us	**Contract Manager: Stacey O'Connell**
Phone: 781-721-7136 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 6 3	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A W I N C H E S T E R 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$56,148.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF WINDSOR**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): PO BOX 146 CHESHIRE, MA 01225-0146	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: JANET SADLOW	**Billing Address (if different):**
E-Mail: janet.sadlow@gmail.com	**Contract Manager: Stacey O'Connell**
Phone: 413-684-3771 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 6 6	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A W I N D S O R 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$1,819.59**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

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CONTRACTOR LEGAL NAME: **TOWN OF WINTHROP**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 1 METCALF SQ WINTHROP, MA 02152-3159	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: CATHY DIXON	**Billing Address (if different):**
E-Mail: winthropoutreach@aol.com	**Contract Manager: Stacey O'Connell**
Phone: 617-846-8538 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 6 4	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A W I N T H R O P 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$49,028.20**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **CITY OF WOBURN**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 10 COMMON ST WOBURN, MA 01801-6702	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: JOANNE COLLINS	**Billing Address (if different):**
E-Mail: jcollins@cityofwoburn.com	**Contract Manager: Stacey O'Connell**
Phone: 781-937-7899 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 1 4 2	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A W O B U R N 0 0 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
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Contract Employee (Attach Employment Status Form, scope, budget)
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CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
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The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$97,080.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **CITY OF WORCESTER**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 455 MAIN ST WORCESTER, MA 01608-1821	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: AMY VOGEL WATERS	**Billing Address (if different):**
E-Mail: WatersA@worcesterma.gov	**Contract Manager: Stacey O'Connell**
Phone: 508-799-8063 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 1 4 5	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A W O R C E S T E R 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$349,440.92**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** ___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

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CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF WORTHINGTON**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 160 HUNTINGTON RD WORTHINGTON, MA 01098-9505	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: STEVE SMITH	**Billing Address (if different):**
E-Mail: coa@worthington-ma.us	**Contract Manager: Stacey O'Connell**
Phone: 413-238-5577 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 6 7	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A W O R T H I N G T O N 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$5,910.21**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF WRENTHAM**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 79 SOUTH ST WRENTHAM, MA 02093-1526	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: JANET A. ANGELICO	**Billing Address (if different):**
E-Mail: jangelico@wrentham.ma.us	**Contract Manager: Stacey O'Connell**
Phone: 508-384-5425 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 6 8	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A W R E N T H A M 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20___.**
Enter **Amendment Amount**: $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$23,911.75**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2020. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__2. may be incurred as of _____, **20** __, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: **TOWN OF YARMOUTH**	**COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs** **MMARS Department Code: ELD**
Legal Address: (W-9, W-4,T&C): 1146 ROUTE 28 SOUTH YARMOUTH, MA 02664-4463	**Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108**
Contract Manager: KATHI BAILEY	**Billing Address (if different):**
E-Mail: kbailey@yarmouth.ma.us	**Contract Manager: Stacey O'Connell**
Phone: 508-394-7606 **Fax:**	**E-Mail: Stacey.O'Connell@MassMail.state.ma.us**
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 6 9	**Phone:1-617-222-7419** **Fax: 1-617-727-9368**
Vendor Code Address ID (e.g. "AD001"): AD001. **Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s):** F Y 2 0 C O A Y A R M O U T H 0 0 0 0 0 **RFR/Procurement or Other ID Number: Grant Award**

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
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Contract Employee (Attach Employment Status Form, scope, budget)
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CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, **20**___.
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AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
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The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions _____Commonwealth Terms and Conditions For Human and Social Services.

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$106,344.00**

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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X 3. were incurred as of **July 1st, 2019**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of **June 30th, 2020** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name:_____.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____.
Print Title: _____