

is jointly issued and published by the Office of the Comptroller (CTR), the Executive Office for Administration and Finance (ANF), and the Operational Services Division (OSD) a default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made on or by achment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published formor to the Standard Contract Form Instructions and Contractor Certifications, the Commonwealth Terms and Conditions for Human and Social Services or the Commonwealth IT Terms and Conditions which are incorporated by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access published forms at CTR Forms: https://www.macs.gov/liets/opd\_forms.

Forms are also posted at OSD Forms: https://www.mass.gov/lists	s/osd-forms.			
CONTRACTOR LEGAL NAME: TOWN OF ABINGTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 500 GLINIEWICZ WAY ABINGTON, MA 02351-2058		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: SUZANNE DJUSBERG	Phone: 781-982-2145	Billing Address (if different):		
E-Mail: Sdjusberg@abingtonma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191688		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAABINGTON00000	MMARS Doc ID(s): FY21COAABINGTON00000	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	040 C-1040L-57550	
X NEW CONTRACT		CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check one option		Enter Current Contract End Date Prior to Amendment:	, 20,	
Statewide Contract (OSD or an OSD-designated Departm Collective Purchase (Attach OSD approval, scope, budget	ent)	Enter Amendment Amount: \$ (or "no change"		
Department Procurement (includes all Grants - 815 CMR 2	2.00) (Solicitation	AMENDMENT TYPE: (Check one option only. Attach d Amendment to Date, Scope or Budget (Attach update)		
Notice or RFR, and Response or other procurement support	orting documentation)	Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for emergency, so Contract Employee (Attach Employment Status Form, scop	pe, budget)	Contract Employee (Attach any updates to scope or b	oudget)	
✓ Other Procurement Exception (Attach authorizing language specific exemption or earmark, and exception justification, see the content of the content o	ge, legislation with scope and budget)	Other Procurement Exception (Attach authorizing lar scope and budget)	nguage/justification and updated	
The Standard Contract Form Instructions and Contractor C into this Contract and are legally binding: (Check ONE option ServicesCommonwealth IT Terms and Conditions	certifications and the foon): Commonwealth ?	Illowing Commonwealth Terms and Conditions documen Terms and Conditions <u>C</u> Commonwealth Terms and Condition	nt are incorporated by reference ons For Human and Social	
COMPENSATION: (Check ONE option): The Department certifing the state accounting system by sufficient appropriations or of Rate Contract. (No Maximum Obligation). Attack data it of	ther non-appropriated fun	nds, subject to intercent for Commonwealth owed debts under	r 815 CMR 9.00	
Rate Contract. (No Maximum Obligation) Attach details of a ✓ Maximum Obligation Contract. Enter total maximum oblig	all rates, units, calculation of	ns, conditions or terms and any changes it rates or terms are f this contract (or new total if Contract is being amended). \$ :	being amended.)	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pay identify a PPD as follows: Payment issued within 10 days% days% PPD. If PPD percentages are left blank, identify re- payment (subsequent payments scheduled to support standar	yments are issued throu PPD; Payment issued wi ason: ✓ agree to stan rd EFT 45 day payment c	ugh EFT 45 days from invoice receipt. Contractors reques ithin 15 days% PPD; Payment issued within 20 days% ndard 45 day cycle statutory/legal or Ready Payments (No cycle. See Prompt Pay Discounts Policy.)	sting accelerated payments must % PPD; Payment issued within 30 M.G.L. c. 29, § 23A); only initial	
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant funding The performance period for this award is 71/1/20-6/30/21. The municipality certifies that the funds will be used for COA activities, and will complete a final fiscal report accounting how these grant funds were applied. All approved obligations incurred prior to the effective date of this agreement (for which payment obligations have been triggered) and are intent to be part of this agreement, are to be funded from the total amount awarded under this agreement. This contract, once executed by both parties, will be treated as the sole invoice for maximum obligation of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021.			cation of available grant funding, inal fiscal report accounting for been triggered) and are intended e treated as the sole invoice for the	
ANTICIPATED START DATE: (Complete ONE option only) Th	e Department and Contr	ractor certify for this Contract, or Contract Amendment, that C	ontract obligations:	
1. may be incurred as of the Effective Date (latest signature2. may be incurred as of, 20, a date LATER than	the Effective Date below	Jations have been incurred <u>prior</u> to the Effective Date.  v and no obligations have been incurred <b>prior</b> to the Effective	n Data	
✓ 3. were incurred as of <u>JULY 1</u> , 20 20 , a date PRIOR to th	e Effective Date below, a	and the parties agree that payments for any obligations incur	red prior to the Effective Date are	
authorized to be made either as settlement payments or as	s authorized reimburseme	ent payments, and that the details and circumstances of all of ases the Commonwealth from further claims related to these	bligations under this Contract are	
CONTRACT END DATE: Contract performance shall termina amended, provided that the terms of this Contract and perform completing any negotiated terms and warranties, to allow any cl	ate as of <u>JUNE 30</u> , 2 vance expectations and of lose out or transition perfe	20 <u>21,</u> with no new obligations being incurred after this date obligations shall survive its termination for the purpose of reformance, reporting, invoicing or final payments, or during a	te unless the Contract is properly esolving any claimor dispute, for 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 require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes a certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any require documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached of incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricke by a Department as unacceptable, 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:	1120	AUTHORIZING SIGNATURE FOR THE COMMONWEAL	.TH: 7 7 7 7 1	
X: Date: / Signature and Date Must Be Handwritten At Time of	25/21. of Signature)	X: Date: 3 25 (Sign@kure and Date Must Be Handwritten At Time of Signature)		
Print Name: Suzanne Magun.	,	Print Name: Pagy Conned	VA	
Print Title: Asst Town Manager.		Print Title: There of Accounting		

(Updated 6/30/20) Page 1 of 1

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### COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

This form is jointly issued and published by the Office of the Comptroller (CTR), the Executive Office for Administration and Finance (ANF), and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form or to the Standard Contract Form Instructions and Contractor Certifications, the Commonwealth Terms and Conditions for Human and Social Services or the Commonwealth IT Terms and Conditions which are incorporated by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access published forms at CTR Forms:

| Proceedings | Procedure |

https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.i				
CONTRACTOR LEGAL NAME: TOWN OF ACTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:			
Legal Address: (W-9, W-4): 472 MAIN ST ACTON, MA 01720-3952		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108			
Contract Manager: SHARON MERCURIO Phone: 978-929-6652		Billing Address (if different):			
E-Mail: smercurio@acton-ma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419		
Contractor Vendor Code: VC6000191689		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368		
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAACTON0000000			
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-	1040 C-1040L-57550		
X NEW CONTRACT  PROCUREMENT OR EXCEPTION TYPE: (Check one option only)  Statewide Contract (OSD or an OSD-designated Department)  Collective Purchase (Attach OSD approval, scope, budget)  Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation)  Emergency Contract (Attach justification for emergency, scope, budget)  Contract Employee (Attach Employment Status Form, scope, budget)  ✓ Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)  The Standard Contract Form Instructions and Contractor Certifications and the form		CONTRACT AMENDMENT  Enter Current Contract End Date <u>Prior</u> to Amendment, 20  Enter Amendment Amount: \$ (or "no change")  AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)  Amendment to Date, Scope or Budget (Attach updated scope and budget)  Interim Contract (Attach justification for Interim Contract and updated scope/budget)  Contract Employee (Attach any updates to scope or budget)  Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)			
into this Contract and are legally binding: (Check ONE opt Services Commonwealth IT Terms and Conditions  COMPENSATION: (Check ONE option): The Department cer in the state accounting system by sufficient appropriations or Rate Contract. (No Maximum Obligation) Attach details o Maximum Obligation Contract. Enter total maximum obligation PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth p identify a PPD as follows: Payment issued within 10 days days % PPD. If PPD percentages are left blank, identify payment (subsequent payments scheduled to support stand BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or	tifies that payments for au other non-appropriated ful fall rates, units, calculation gation for total duration of ayments are issued throws % PPD; Payment issued we eason:agree to state ard EFT 45 day payment	ithorized performance accepted in accordance with the term ds, subject to intercept for Commonwealth owed debts unons, conditions or terms and any changes if rates or terms at this contract (or <i>new</i> total if Contract is being amended). Surgh EFT 45 days from invoice receipt. Contractors requirithin 15 days % PPD; Payment issued within 20 days _ ndard 45 day cycle statutory/legal or Ready Payments cycle. See Prompt Pay Discounts Policy.)  FNT: This contract is to distribute a formula grant award to	rs of this Contract will be supported der 8 15 CMR 9.00. are being amended.) 6 43.932.00. lesting accelerated payments must		
attached and incorporated into this Contract. Acceptance	municipality certifies that to incurred prior to the effect mount awarded under this are turning this executed on the Department and Control and the Effective Date below as authorized reimburser of payments forever relations.	he funds will be used for COA activities, and will complete inveidate of this agreement (for which payment obligations has agreement. This contract, once executed by both parties, with intract by no later than June 30, 2021.  It actor certify for this Contract, or Contract Amendment, that igations have been incurred prior to the Effective Date.  If and the parties agree that payments for any obligations in ment payments, and that the details and circumstances of a eases the Commonwealth from further claims related to the	a final fiscal report accounting for ave been triggered) and are intended if the treated as the sole invoice for the at Contract obligations:  tive Date.  curred prior to the Effective Date are all obligations under this Contract are use obligations.		
CONTRACT END DATE: Contract performance shall terms amended, provided that the terms of this Contract and performance any negotiated terms and warranties, to allow any	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 ofJUNE 30, 20 21, with no new obligations being incurred after this date unless the Contract is proper 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 C 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 an approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide an documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are a incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the Rf 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 vecosts, of amore cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X:  Signature and Date Must Be Handwritten At Time of Signature)  Print Name:  Print Title:  Town Management At Time of Signature  Print Title:  Print Title:  Print Title:  Print Title:			shed above, subject to any required bilished and the Contractor makes all urther agrees to provide any required as in Massachusetts are attached or ons, this Standard Contract Form, the use (excluding any language stricken he relevant terms in the RFR and the onse terms result in best value, lower EALTH:  Date: 2 - 1 2.  Par Kt Time of Signature)		

(Updated 6/30/20) Page 1 of 1

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This form is jointly issued and published by the Office of the Comptroller (CTR), the Executive Office for Administration and Finance (ANF), and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published formor to the Standard Contract Form Instructions and Contractor Certifications, the Commonwealth Terms and Conditions for Human and Social Services or the Commonwealth IT Terms and Conditions which are incorporated by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access published forms at CTR Forms: https://www.macomptroller.org/forms. Forms are also posted at OSD Forms: https://www.macomptroller.org/forms.

CONTRACTOR LEGAL NAME: TOWN OF ACUSHNET (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:			
Legal Address: (W-9, W-4): 122 MAIN ST ACUSHNET, MA 02743-1548		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108			
Contract Manager: HEATHER SYLVIA Phone: 508-998-0280		Billing Address (if different):			
E-Mail: hsylvia@acushnet.ma.us	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419		
Contractor Vendor Code: VC6000191690		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368		
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FYZ1COAACUSHNET00000			
(Note: The Address ID must be set up for EFT payments.)	Í	RFR/Procurement or Other ID Number: BD-21-1040-1040C-1040L-57550			
X NEW CONTRACT		CONTRACT AMEND	MENT		
PROCUREMENT OR EXCEPTION TYPE: (Check one optio		Enter Current Contract End Date Prior to Amendment			
Statewide Contract (OSD or an OSD-designated Depart	nent)	Enter Amendment Amount: \$ (or *no change AMENDMENT TYPE: (Check one option only. Attach of			
Collective Purchase (Attach OSD approval scope, budge Departs + Procurement (Includes all Grants - 815 CMR	et) (2,00) (Solicitation	Amendment to Date, Scope or Budget (Atlach upda			
Notice or and Response or other procurement supp	corting documentation)	interim Contract (Attach justification for Interim Contr	act and updated scope/budget)		
Emergency Contract (Attach justification for emergency, Contract Employee (Attach Employment Status Form, sec	scope, buogel) one, budgel)	Contract Employee (Attach any updates to scope or	budget)		
Other Procurement Exception (Attach authorizing langua specific exemption or earmark, and exception justification,	ige, legislation with scope and budget)	Other Procurement Exception (Attach authorizing la scope and budget)			
The Standard Contract Form Instructions and Contractor into this Contract and are legally binding: (Check ONE op ServicesCommonwealth IT Terms and Conditions	Certifications and the folion): Commonwealth	llowing Commonwealth Terms and Conditions docume Terms and Conditions <u>~</u> Commonwealth Terms and Conditi	nt are incorporated by reference ions For Human and Social		
COMPENSATION: (Check ONE option): The Department cer in the state accounting system by sufficient appropriations or	other non-appropriated fur	nds, subject to intercept for Commonwealth owed debts und	er 815 CMR 9.00.		
Rate Contract. (No Maximum Obligation) Atlach details of Maximum Obligation Contract. Enter total maximum obligation	of all rates, units, calculation	as, conditions or terms and any changes if rates or terms ar	e being amended.)		
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth p	ayments are issued thro	ugh EFT 45 days from invoice receipt, Contractors reque	sting accelerated payments must		
identify a PPD as follows: Payment issued within 10 days days PPD. If PPD percentages are left blank, identify	identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason:/_ agree to standard 45 day cycle statutory/legal or Ready Payments (M.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 AMENDM	ENT: This contract is to distribute a formula grant award to the	he Councils on Aging of the		
municipalities of the Commonweath, as appropriated in the C The performance period for this award is 7/1/20-6/30/21. The	hapter 227 of the Acts of 20	020. The award amount is determined by a census-based allow funds will be used for COA activities, and will complete a	ocation of available grant funding.		
how these grant funds were applied. All approved obligations	incurred prior to the effecti	ve date of this agreement (for which payment obligations hav	re been triggered) and are intended		
to be part of this agreement, are to be funded from the total are maximum obligation of this contract. COAs are responsible for	mount awarded under this a	agreement. This contract, once executed by both parties, will	be treated as the side invoice for he		
ANTICIPATED START DATE: (Complete ONE option only)	The Department and Con	tractor certify for this Contract, or Contract Amendment, that	Contract obligations:		
1. may be incurred as of the Effective Date (latest signatu			500 0 200 <b>%</b>		
2, may be incurred as of, 20 a date LATER that	an the Effective Date below	w and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	ve Date.		
3. were incurred as of <u>JULY1</u> , 20 20 , a date PRIOR to authorized to be made either as settlement payments or attached and incorporated into this Contract. Acceptant	as authorized reimbursen	, and the parties agree that payments for any obligations inc rent payments, and that the details and circumstances of all eases the Commonwealth from further claims related to these	lobligations under this Contract are		
CONTRACT END DATE: Contract performance shall term	inate as of _JUNE 30_	, 20_21, with no new obligations being incurred after this d	ate unless the Contract is properly		
arrended, provided that the terms of this Contract and perforcing any negotiated terms and warranties, to allow any	y close out or transition pe	rformance, reporting, invoicing or final payments, or during	g any lapse between amendments.		
CERTIFICATIONS: Notwithstanding verbal or other represe Amendment has been executed by an authorized signalory of approvals. The Contractor certifies that they have access	of the Contractor, the Depa	artment, or a later Contract or Amendment Start Date specif	fied above, subject to any required		
certifications required under the Standard Contract Form Inst	ructions and Contractor C	entifications under the pairs and penalties of perjury, and for	ritier agrees to provide any required		
documentation upon request to support compliance, and incorporated by reference herein according to the following h	agrees that all terms gov	verning performance of this Contract and doing business	s in Massachusetts are attached or		
Standard Contract Form Instructions and Contractor Certifica	tions, the Request for Res	spanse (RFR) prother solicitation, the Contractor's Respons	ie (excluding any language stricken		
by a Department as unacceptable, and additional negotial Contractor's Response only if made using the process outlined to the contractor of the contractor o	ited terms, provided that ed in 801 CMR 21.07, inco	additional negotiated terms will take precedence over the experated herein, provided that any amended RFR or Respo	relevant terms in the RFR and the rise terms result in best value, lower		
costs, or a more cost effective Contract.  AUTHORING SIGNATURE FOR THE CONTRACTOR:		AUTHORIZING SIGNATURE FOR THE COMMONWE	ALTH:		
x her Sural Date:	1-19-21	VI- MAL MARAL	ato: 2-18-21		
(Signature and Date Must Be Handwritten At Tim	e of Signature)	(Signature and Date Nost Be Handwritter	The state of the s		
Print Name: Keulw GASPATSR.	, _	Print Name: KC994 LONNED	aly tin		
Print Title: Chairman BOARD OFS	olec (moi)	Print Title: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	potarting		

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This form is jointly issued and published by the Office of the Comptroller (CTR), the Executive Office for Administration and Finance (ANF), and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form or to the Standard Contract Form Instructions and Contractor Certifications, the Commonwealth Terms and Conditions for Human and Social Services or the Commonwealth IT Terms and Conditions which are incorporated by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access published forms at CTR Forms: https://www.macs.gov/lists/osd-forms.

https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.i	mass.gov/lists/osd-forms.	
CONTRACTOR LEGAL NAME: TOWN OF AGAWAM (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 36 MAIN ST AGAWAM, MA 01001-1801		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
ontract Manager: MICHAEL SQUINDO Phone: 413-821-0605		Billing Address (if different):	
E-Mail: msquindo@agawam.ma.us	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191692		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAAGAWAM0000000	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-1	040 C-1040L-57550
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only)Statewide Contract (OSD or an OSD-designated Department)Collective Purchase (Attach OSD approval, scope, budget)Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation)Emergency Contract (Attach justification for emergency, scope, budget)Contract Employee (Attach Employment Status Form, scope, budget)Other Procurement Exception (Attach authorizing language, legislation with		CONTRACT AMENDMENT  Enter Current Contract End Date Prior to Amendment:, 20  Enter Amendment Amount: \$ (or "no change")  AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) Amendment to Date, Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget) Contract Employee (Attach any updates to scope or budget) Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)	
specific exemption or earmark, and exception justification, The Standard Contract Form Instructions and Contractor into this Contract and are legally binding: (Check ONE opt ServicesCommonwealth IT Terms and Conditions	Certifications and the fo	Illowing Commonwealth Terms and Conditions docume Terms and Conditions ✓ Commonwealth Terms and Condit	nt are incorporated by reference ions For Human and Social
COMPENSATION: (Check ONE option): The Department certifies that payments for aut in the state accounting system by sufficient appropriations or other non-appropriated fun Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculation		nds, subject to intercept for Commonwealth owed debts und	er 815 CMR 9.00. re being amended.)
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 45 days% PPD. If PPD percentages are left blank, identify reason:/ agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only in payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			esting accelerated payments must % PPD; Payment issued within 30
payment (subsequent payments scheduled to support standard EFT 45 day payment  BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDM municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2  The performance period for this award is 7/1/20-6/30/21. The municipality certifies that how these grant funds were applied. All approved obligations incurred prior to the effect to be part of this agreement, are to be funded from the total amount awarded under this maximum obligation of this contract. COAs are responsible for returning this executed or		IENT: This contract is to distribute a formula grant award to to 020. The award amount is determined by a census-based all the funds will be used for COA activities, and will complete a tive date of this agreement (for which payment obligations hav agreement. This contract, once executed by both parties, will outract by no later than June 30, 2021.	ocation of available grant funding. final fiscal report accounting for we been triggered) and are intended be treated as the sole invoice for the
ANTICIPATED START DATE: (Complete ONE option only)	The Department and Con	tractor certify for this Contract, or Contract Amendment, that	Contract obligations:
1. may be incurred as of the Effective Date (latest signature	re date below) and <u>no</u> obli	igations have been incurred <u>prior</u> to the Effective Date.	ve Date
	the Effective Date below as authorized reimburser	w and <u>no</u> obligations have been incurred <u>brior</u> to the Ellectr , and the parties agree that payments for any obligations inc ment payments, and that the details and circumstances of all eases the Commonwealth from further claims related to thes	urred prior to the Effective Date are lobligations under this Contract are
CONTRACT END DATE: Contract performance shall termi amended, provided that the terms of this Contract and perfor completing any negotiated terms and warranties, to allow any	nate as of <u>JUNE 30</u> rmance expectations and close out or transition pe	, 20 21, with no new obligations being incurred after this d d obligations shall survive its termination for the purpose o a formance, reporting, invoicing or final payments, or during	ate unless the Contract is properly f resolving any claimor dispute, for g 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 Contractor Amendment shall be the latest date that this Contractor Amendment Start Date specified above, subject to any rapprovals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor more certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are atta incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR 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 costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X:			ined above, subject to any required is shed and the Contractor makes all in their agrees to provide any required is in Massachusetts are attached or ins, this Standard Contract Form, the le (excluding any language stricken e relevant terms in the RFR and the inse terms result in best value, lower that:
	(Updated 6/3	30/20) Page 1 of 1 // / / / / / / / / / / / / / / / / /	0

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published by the Office of the Comptroller (CTR), the Executive Office for Administration and Finance (ANF), and the Operational refault contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form or to the Standard Contract Form fications, the Commonwealth Terms and Conditions for Human and Social Services or the Commonwealth IT Terms and Conditions which in. Additional non-conflicting terms may be added by Attachment. Contractors are required to access published forms at CTR Forms:

, IOWN OF ALFORD				
	rms are also posted at OSD Forms: https://www.m		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS  MMARS Department Code:	
,√√-9, W-4): 5 ALFORD CENTER RD GREAT BARRINGTON, MA 01230-8920		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
utract Manager: ROXANN GERMAIN	Phone: 413-528-9238	38 Billing Address (if different):		
E-Mail: offices@townofalford.org	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191687		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
		MMARS Doc ID(s): FY21COAALFORD0000000		
Vendor Code Address ID (e.g. "AD001"): AD_001. (Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040	-1040C-1040L-57550	
		CONTRACT AMEN		
X NEW CONTRACT	who)	Enter Current Contract End Date Prior to Amendmen	t:, <b>20</b>	
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Statewide Contract (OSD or an OSD-designated Departm Collective Purchase (Attach OSD approval, scope, budge	ent; at)	AMENDMENT TYPE: (Check one option only. Attac	h details of amendment changes.)	
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Notice or DED and Response or other procurement supp	of ling documentation,	Interim Contract (Attach justification for Interim Co	intract and updated scoperbudget	
Emergency Contract (Attach justification for emergency, scontract Employee (Attach Employment Status Form, sco	scope, buagel) ine. budaet)	Contract Employee (Attach any updates to scope	or budger)	
Cother Progurement Exception (Attach authorizing langua	ige, legislation with	Other Procurement Exception (Attach authorizing scope and budget)	g language/justilication and updates	
specific exemption or earmark, and exception justification,	scope and budget)	scope and budget)	ment are incorporated by reference	
The Standard Contract Form Instructions and Contractor into this Contract and are legally binding: (Check ONE op	Certifications and the fition):Commonwealth			
ServicesCommonwealth			s are being amended.) ).\$ <u>6,000.00.</u>	
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https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.r		
CONTRACTOR LEGAL NAME: CITY OF AMESBURY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 62 FRIEND ST AMESBURY, MA 01913-2825		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: DOREEN ARNFIELD Phone: 978-388-8138		Billing Address (if different):	
E-Mail: arnfieldd@amesburyma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191693		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAAMESBURY00000	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-1	040 C-1040L-57550
X NEW CONTRACT  PROCUREMENT OR EXCEPTION TYPE: (Check one option only)  Statewide Contract (OSD or an OSD-designated Department)  Collective Purchase (Attach OSD approval, scope, budget)  Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation)		CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment:, 20 Enter Amendment Amount: \$ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) Amendment to Date, Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget)	
Emergency Contract (Attach justification for emergency, s Contract Employee (Attach Employment Status Form, scoj ✓ Other Procurement Exception (Attach authorizing languages specific exemption or earmark, and exception justification, s	pe, budget) ge, legislation with	Contract Employee (Attach any updates to scope or  Other Procurement Exception (Attach authorizing la scope and budget)	budget) nguage/justification and updated
The Standard Contract Form Instructions and Contractor ( into this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions	Certifications and the fo	Illowing Commonwealth Terms and Conditions docume Terms and Conditions <u>Commonwealth</u> Terms and Condit	nt are incorporated by reference ions For Human and Social
COMPENSATION: (Check ONE option): The Department cert in the state accounting systemby sufficient appropriations or a Rate Contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum obligation	other non-appropriated fur fall rates, units, calculatio	nds, subject to intercept for Commonwealth owed debts und ons, conditions or terms and any changes if rates or terms ar	er 815 CMR 9.00. e being amended.)
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payment (subsequent payments scheduled to support standard EF1 45 day payment BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDM municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2 The performance period for this award is 7/1/20-6/30/21. The municipality certifies that how these grant funds were applied. All approved obligations incurred prior to the effect to be part of this agreement, are to be funded from the total amount awarded under this maximum obligation of this contract. COAs are responsible for returning this executed or		ENT: This contract is to distribute a formula grant award to t 020. The award amount is determined by a census-based all ne funds will be used for COA activities, and wil complete a ve date of this agreement (for which payment obligations have agreement. This contract, once executed by both parties, will intract by no later than June 30, 2021.	ocation of available grant funding, final fiscal report accounting for we been triggered) and are intended be treated as the sole invoice for the
ANTICIPATED START DATE: (Complete ONE option only)	The Department and Con-	tractor certify for this Contract, or Contract Amendment, that	Contract obligations:
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✓ 3. were incurred as of JULY1, 20 20 , a date PRIOR to	the Effective Date below,	<ul> <li>and the parties agree that payments for any obligations incurred prior to the Effective Date are ement payments, and that the details and circumstances of all obligations under this Contract are eleases the Commonwealth from further claims related to these obligations.</li> </ul>	
CONTRACT END DATE: Contract performance shall termi amended, provided that the terms of this Contract and perfor completing any negotiated terms and warranties, to allow any	nate as of <u>JUNE 30</u> , rmance expectations and close out or transition pe	, 20 <u>21,</u> with no new obligations being incurred after this d d obligations shall survive its termination for the purpose o rformance, reporting, invoicing or final payments, or durin	ate unless the Contract is properly f resolving any claimor dispute, for g 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 capability and any close out or transition performance, reporting, invoicing or final payments, or during any lapse between an approvals. Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this capability. 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 an approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor certifications required under the Standard Contract Form Instructions and Contract Corministructions and Contract Certifications under the pains and penalties of perjury, and further agrees to provide a documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are a incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any langua by a Department as unacceptable, and additional negotiated terms will take precedence over the relevant terms in the R 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 costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X:			ined above, subject to any required ished and the Contractor makes all rither agrees to provide any required is in Massachusetts are attached or ons, this Standard Contract Form, the se (excluding any language stricken e relevant terms in the RFR and the onse terms result in best value, lower EALTH:

(Updated 6/30/20) Page 1 of 1

This form is jointly issued and published by the Office of the Comptroller (CTR), the Executive Office for Administration and Finance (ANF), and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form or to the Standard Contract Form Instructions and Contractor Certifications, the Commonwealth Terms and Conditions for Human and Social Services or the Commonwealth IT Terms and Conditions which

interproperated by reference nerelli. Additional non-common support of the interpretation of the interpretatio		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 4 BOLTWOOD AVE AMHERST, MA 01002-2301		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
	Phone: 413-259-3114	Billing Address (if different):	
Contract Manager: MARY BETH OGULEWICZ	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
E-Mail: ogulewiczm@amherstma.gov	r ux.	E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Contractor Vendor Code: VC6000191695		MMARS Doc ID(s): FY21COAAMHERST000000	
Vendor Code Address ID (e.g. About ). Ab_out		-1040 C-1040L-57550	
(Note: The Address ID must be set up for EFT payments.)		CONTRACT AMEN	
X NEW CONTRACT	1.0	Enter Current Contract End Date Prior to Amendmen	
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Statewide Contract (OSD or an OSD-designated Departn Collective Purchase (Attach OSD approval, scope, budge	nent) et)	AMENDMENT TYPE: (Check one option only. Attac	h details of amendment changes.)
Department Progurement (includes all Grants - 815 CMR	2.00) (Solicitation	Amendment to Date, Scope or Budget (Attach u	odated scope and budget)
Notice or RER and Response or other procurement supp	orung documentation)	Interim Contract (Attach justification for Interim Co	or budget)
Emergency Contract (Attach justification for emergency,     Contract Employee (Attach Employment Status Form, sco	scope, budgel) ine. budaet)	Contract Employee (Attach any updates to scope	or buoget)
Other Procurement Exception (Attach authorizing langua	ige, registation with	Other Procurement Exception (Attach authorizin scope and budget)	g language/jusuncation and updates
specific exemption or earmark, and exception justification,	scope and budger,	"	ment are incorporated by reference
into this Contract and are legally binding: (Check ONE op	uon). — Commonwealin	Tonibana sonaisina	
COMPENSATION: (Check ONE option): The Department ce in the state accounting system by sufficient appropriations or	other non-appropriated if	ions, conditions or terms and any changes if rates or term	s are being amended.)
Case to the Contract Enter total maximum ob	ligation for total duration	Of this contract (or new total in contract to a	
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This form is jointly issued and published by the Office of the Comptroller (CTR), the Executive Office for Administration and Finance (ANF), and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published formor to the **Standard Contract Form** changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published formor to the **Standard Contract Form** changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published formor to the **Standard Contract Form** changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published formor to the **Standard Contract Form** changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published formor to the **Standard Contract Form** changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published formor to the **Standard Contract Form** changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published formor to the **Standard Contract Form** changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form or invoice terms or invoice terms in this published formor to the **Standard Contract Form** changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms in this published formor to the **Standard Contract Form** changes made on or by attachme

are incorporated by reference herein. Additional non-sent https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.n	ass.gov/lists/osd-forms.	THE SECOND ASSESSED OF THE SECOND OF THE SEC	
CONTRACTOR LEGAL NAME: TOWN OF ANDOVER		MMARS Department Code:		
(and d/b/a):		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Legal Address: (W-9, W-4): 36 BARTLET ST ANDOVER, MA 01810-3841				
Contract Manager: JANE BURNS	Phone: 978-623-8225	Billing Address (if different):	Phone: 617-222-7419	
E-Mail: jane.burns@andoverma.us	Fax:	Contract Manager: STACEY ANNE OCONNELL	Fax: 617-727-9368	
Contractor Vendor Code: VC6000191696		E-Mail: STACEY.OCONNELL@MASS.GOV	Tax. 011-727 0000	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAANDOVER000000		
(Note: The Address ID must be set up for EFT payments.)			RFR/Procurement or Other ID Number: BD-21-1040-1040C-1040L-57550	
X NEW CONTRACT  PROCUREMENT OR EXCEPTION TYPE: (Check one optio  Statewide Contract (OSD or an OSD-designated Departr Collective Purchase (Attach OSD approval, scope, budg Department Procurement (includes all Grants - 815 CMF Notice or RFR, and Response or other procurement sup Emergency Contract (Attach justification for emergency, Contract Employee (Attach Employment Status Form, soc ✓ Other Procurement Exception (Attach authorizing langus specific exemption or earmark, and exception justification  The Standard Contract Form Instructions and Contractor into this Contract and are legally binding: (Check ONE op- ServicesCommonwealth IT Terms and Conditions  COMPENSATION: (Check ONE option): The Department ce in the state accounting system by sufficient appropriations orRate Contract. (No Maximum Obligation) Attach details ✓ Maximum Obligation Contract. Enter total maximum ob- PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth identify a PPD as follows: Payment issued within 10 days _ days% PPD. If PPD percentages are left blank, identify payment (subsequent payments scheduled to support stan  BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or municipalities of the Commonwealth, as appropriated in the The performance period for this award is 7/1/20-6/30/21. The	X		CONTRACT AMENDMENT  Enter Current Contract End Date *Prior* to Amendment:, 20  Enter Amendment Amount: \$ (or "no change")  AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) Amendment to Date, Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget) Contract Employee (Attach any updates to scope or budget) Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)  following Commonwealth Terms and Conditions document are incorporated by reference in Terms and Conditions ✓ Commonwealth Terms and Conditions For Human and Social  authorized performance accepted in accordance with the terms of this Contract will be supported aunds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  tions, conditions or terms and any changes if rates or terms are being amended.)  of this contract (or new total if Contract is being amended). \$ 77.364.00.  rough EFT 45 days from invoice receipt. Contractors requesting accelerated payments must a within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 tandard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial int cycle. See Prompt Pay Discounts Policy.)  MENT: This contract is to distribute a formula grant award to the Councils on Aging of the interest of the councils of available grant funding.	
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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 CO 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 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 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 Amendment shall be the latest date that this CO Amendment Start Date specified above, subject to any Amendment shall be the latest date that this CO Amendment Start Date specified above, subject to any Amendment shall be the latest date that this CO Amendment shall be the latest date that this CO Amendment shall be the latest date that this CO Amendment shall be the latest date that this CO Amendment shall be the latest date that this CO Amendment shall be the latest date that this CO and a later contractor Amendment Start Date specified above, subject to any Amendment shall be the latest date that this CO and an alter contractor Amendment Start Date specified above, subject to any approved the Contractor Amendment Start Date specified above, subject to any and and the Contractor approvals. It is contracted to the Contract of the Contract Form Instructions and Contract F			ublished and the Contractor makes all dfurther agrees to provide any required tess in Massachusetts are attached or ditions, this Standard Contract Form, the tonse (excluding any language stricker in the relevant terms in the RFR and the sponse terms result in best value, lowe INVEALTH:	



nlished by the Office of the Comptroller (CTR), the Executive Office for Administration and Finance (ANF), and the Operational ault contract for all Commonwealth Departments when another formis not prescribed by regulation or policy. The Commonwealth deems void any at (in the form of addendment letters, contract forms or invoke terms) to the terms in this published form or to the Standard Contract Form certifications, the Commonwealth Terms and Conditions which certifications, the Commonwealth Terms and Conditions of Human and Social Services or the Commonwealth Terms and Conditions which

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v-9, W-4): 730 MASSACHUSETTS AVE ARLINGTON, MA 02476-4906		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code: Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
rager: KRISTINE SHAH	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
nah@town.arlington.ma.us		E-Mail: STACEY,OCONNELL@MASS.GOV	Fax: 617-727-9368
tor Vendor Code: VC6000191698		MMARS Doc ID(s): FY21COAARLINGTON0000	
ur Code Address ID (e.g. "AD001"): AD 001.	its.)	RFR/Procurement or Other ID Number; BD-21-1040	-1040C-1040L-57550
X NEW CONTRACT  PROCUREMENT OR EXCEPTION TYPE: (Check one option only)  Statewide Contract (OSD or an OSD-designated Department)  Collective Purchase (Attach OSD approval, scope, budget)  Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation)  Emergency Contract (Attach justification for emergency, scope, budget)  Contract Employee (Attach Employment Status Form, scope, budget)  Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)  The Standard Contract Form Instructions and Contractor Certifications and the into this Contract and are legally binding: (Check ONE option):Commonwealth Services Commonwealth IT Terms and Conditions  COMPENSATION: (Check ONE option): The Department certifies that payments for a commonwealth to the payments for a commonwealth of the contract of the payments for a commonwealth of the contract of the payments for a commonwealth of the contract of the payments for a commonwealth of the payments			t:, 20  tyge")  h details of amendment changes.)  bdated scope and budget)  ntract and updated scope/budget)  or budget)  glanguage/justification and updated  ment are incorporated by reference  viltions For Human and Social  erms of this Contract will be supported  under 815 CMR 9.00.  s are being amended.)
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istructions and Contractor Certifications, the Commonweater incorporated by reference herein. Additional non-confutps://www.macomptroller.org/forms. Forms are also posted at	licting terms may be add OSD Forms: https://www.ma	ed by Attachment. Contractors are required to describe lass.gov/lists/osd-forms.	THE OF FLORE AFFAIRS
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(and d/b/a):		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
egal Address: (W-9, W-4): 32 MAIN ST. ASHBURNHAM, MA 01430-4202		Business	
	Phone: 978-827-5000	Billing Address (if different):	Phone: 617-222-7419
Contract Manager: JAN ROBBINS	Fax:	Contract Manager: STACEY ANNE OCONNELL	A1120010
-Mail: jrobbins@ashburnham-ma.gov		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
ontractor Vendor Code: VC6000191699		MMARS Doc ID(s): FY21COAASHBURNHAM000	
Vendor Code Address ID (e.g. "AD001"): AD_001.		RFR/Procurement or Other ID Number: BD-21-1040-1040C-1040L-57550	
Note: The Address ID must be set up for EFT payments.)		CONTRACT AMEN	DMENT
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(Signature and Date Must Be Handwritten)	At this of oldinger of	Print Name: Keell Goldst	en.
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(Updated 6/30/20) Page 1 of 1

Print Title: \_\_\_\_



This form is jointly issued and published by the Office of the Comptroller (CTR), the Executive Office for Administration and Finance (ANF), and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form or to the Standard Contract Form Instructions and Contractor Certifications, the Commonwealth Terms and Conditions for Human and Social Services or the Commonwealth IT Terms and Conditions which are incorporated by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access published forms at CTR Forms: https://www.macomptroller.org/forms. Forms are also posted at OSD Forms: https://www.mass.gov/lists/osd-forms.

nttps://www.macomptroller.org/forms. Forms are also posted at	USD FUITIS. 11(tps://www.i	THE SECURITY NAME: EXECUTIVE	F OFFICE OF ELDER AFFAIRS
CONTRACTOR LEGAL NAME: TOWN OF ASHBY (and d/b/a):		MMARS Department Code:	
Legal Address: (W-9, W-4): 895 MAIN ST ASHBY, MA 01431-0155		Business Mailing Address: 1 ASHBURTON PL BOS	STON, MA 02108
	Phone: 978-386-2424	Billing Address (if different):	
Contract Manager: COREY HARJU	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
E-Mail: coa@ashbyma.gov	rax.	E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Contractor Vendor Code: VC6000191700		MMARS Doc ID(s): FY21COAASHBY00000000	•
Vendor Code Address ID (e.g. "AD001"): AD 001.		RFR/Procurement or Other ID Number: BD-21-1040-1040C-1040L-57550	
(Note: The Address ID must be set up for EFT payments.)		CONTRACT AMEN	
X NEW CONTRACT		Enter Current Contract End Date Prior to Amendment	t:, 20
PROCUREMENT OR EXCEPTION TYPE: (Check one option	n only)	Cor no chan	nge")
Statewide Contract (OSD or an OSD-designated Departr	nent) et)	AMENDMENT TYPE: (Check one option only, Attack	n details of afficilitine in changes.
Collective Purchase (Attach OSD approval, scope, budg Department Procurement (includes all Grants - 815 CMF	2.001 (30)IGIAIION	Amendment to Date, Scope or Budget (Attach up	dated scope and budger)
Notice or DED and Response or other procurement Sup	Milling documentation)	Interim Contract (Attach justification for Interim Co Contract Employee (Attach any updates to scope	or hudget)
Emergency Contract (Attach justification for emergency,     Contract Employee (Attach Employment Status Form, sci	Jue, budger	Contract Employee (Attach any updates to scope Other Procurement Exception (Attach authorizing	language/justification and updated
✓ Other Procurement Exception (Attach authorizing language	age, legislation with	scope and budget)	
specific exemption or earmark, and exception justification	, scope and budger,	th Tarms and Conditions docum	nentare incorporated by reference
The Standard Contract Form Instructions and Contractor into this Contract and are legally binding: (Check ONE or	tion): Commonwealth	Terms and Conditions <a href="Commonwealth Terms">Commonwealth Terms</a> and Con	ditions For Human and Social
Services Commonwealth IT Terms and Conditions	Contract of the second	the the to	rms of this Contract will be supported
COMPENSATION: (Check ONE option): The Department ce	rtifies that payments for a	uthorized performance accepted in accordance with the te	inder 815 CMR 9.00.
in the state accounting system by sufficient appropriations of	Other Horr-appropriated	tions, conditions or terms and any changes if rates or terms	s are being amended.)
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth identify a PPD as follows: Payment issued within 10 days	_% PPD; Payment issued	within 15 days % PPD; Payment issued within 20 days	ots (M.G.L. c. 29, § 23A); only initial
days % PPD. If PPD percentages are lett blank, idonals	1000000	-t -unio Coo Brompt Pay Discounts Policy.)	
nayment (subsequent payments scheduled to support start	dard Li 1 10 day pay		to the Councils on Aging of the
I municipalities of the Commonwealth as appropriated in the	Sliaple ZI of the riote of	a con a subject to the complete	a final fiscal report accounting to
The performance period for this award is //1/20-0/30/21.	3 mumorpanty continuo are	tu :	have been triddered) and ale interned
how these grant funds were applied. All approved obligation	t owarded under thi	s agreement. This contract, once executed by both parties,	will be treated as the sole invoice for the
to be part of this agreement, are to be funded from the total a maximum obligation of this contract. COAs are responsible f	or returning this executed	contract by no later than June 30, 2021.	that Contract obligations:
ANTICIPATED START DATE: (Complete ONE option only	) The Department and Co	bilination being been incurred prior to the Effective Date.	
1 may be incurred as of the Effective Date (latest signal	ture date below) and <u>no</u> d	billigations have been incurred <u>prior</u> to the Eff	fective Date.
2. may be incurred as of, 20, a date LATER to	to the Effective Date belo	elow and ing obligations incurred prior to the Effective Date are	
3. were incurred as of JULY 1, 20 20, a date PRIOR	or as authorized reimburs	ow, and the parties agree that payments for any obligations the ment payments, and that the details and circumstances of the green the Commonwealth from further claims related to	of all obligations under this contract are
attached and incorporated into this Contract. Accepta	nce of payments forever	Li' if any heing incurred after the	is date unless the Contract is properly
Contract performance shall ter	minate as of JUNE 30	1, 20 21, with no new obligations being mounted and	- free solving any claim or dispute for
amended, provided that the terms of this Contract and per	any close out or transition	performance, reporting, invoicing or final payments, or di	uring any lapse between allendhents.
Amandment has been executed by an authorized signature	y of the continuotor, are a		highlighed and the Collifactor Hakes an
The Contractor certifies that they have acce	SSEU allu leviewed all	the of porture or	ad further agrees to provide any required
tis a tis a sequired under the Standard Contract FOIIIII	ISU UCUONS and Contacto	1 Columnation of the addison business	inose in Massachusetts are allacticu of
in a second by reference herein according to the following	dilicial only of accounting	in the Contractors Pas	nonse rexcillation ally latitude sureken
by a Department as unacceptable, and additional nego Contractor's Response only if made using the process ou	tlined in 801 CMR 21.07,	incorporated herein, provided that any amended RFR or R	esponse terms result in best value, to me.
costs, or a more cost effective Contract.		AUTHORIZING SIGNATURE FOR THE COMMO	NWEALTH:
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	12.1	Leady annow	Date: 3
X: Jant 13. Harry Da	te: 1/2/2/	X: (Signature and Date Must Be Handw	ritten At Time of Signature)
(Signature and Date Must Be Handwritten At	iline or alghardre)	Print Name: KONY (DNN)	ely. In
Print Name: FORSET R. HANSON	<u>.</u>	Print Title: Distor of	- H-Clonning
Print Title: TOWN ALMINISTRATO		and Cor	tracting 1
.©:	(Updated	6/30/20) Page 1 of 1	,

This form is jointly issued and published by the Office of the Comptroller (CTR), the Executive Office for Administration and Finance (ANF), and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form or to the Standard Contract Form Instructions and Contractor Certifications, the Commonwealth Terms and Conditions for Human and Social Services or the Commonwealth IT Terms and Conditions which are incorporated by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access published forms at CTR Forms: https://www.maccomptroller.org/forms. Forms are also posted at OSD Forms; https://www.maccomptroller.org/forms. Forms are also posted at OSD Forms; https://www.maccomptroller.org/forms. Forms are also posted at OSD Forms; https://www.maccomptroller.org/forms.

https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www	/.mass.gov/lists/osd-forms.		
CONTRACTOR LEGAL NAME: TOWN OF ASHLAND (and d/b/a):	CONTRACTOR LEGAL NAME: TOWN OF ASHLAND		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 101 MAIN ST ASHLAND, MA 01721-1193		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: JOANNE DUFFY	Phone: 508-881-0140	Billing Address (if different):		
E-Mail: jduffy@ashlandmass.com	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191703		E-Mail: STACEY,OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD_001.		MMARS Doc ID(s): FY21COAASHLAND000000	1 2222	
(Note: The Address ID must be set up for EFT payments.)	!	RFR/Procurement or Other ID Number: BD-21-1040-10	040 C-1040L-57550	
X NEW CONTRACT		CONTRACT AMENDA		
PROCUREMENT OR EXCEPTION TYPE: (Check one option	500	Enter Current Contract End Date Prior to Amendment:	, 20 <u>.</u>	
Statewide Contract (OSD or an OSD-designated Departm	ent)	Enter Amendment Amount: \$ (or "no change"	")	
Collective Purchase (Attach OSD approval, scope, budget Department Procurement (includes all Grants - 815 CMR.)	()	AMENDMENT TYPE: (Check one option only. Attach de	etails of amendment changes.)	
Notice or RFR, and Response or other procurement support	orting documentation)	Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for emergency, so Contract Employee (Attach Employment Status Form, scop	scope, budget)	Contract Employee (Attach any updates to scope or b	act and updated scoperudger)	
✓ Other Procurement Exception (Attach authorizing language)	ge, legislation with	Other Procurement Exception (Attach authorizing language)		
specific exemption or earmark, and exception justification, s	scope and budget)	scope and budget)		
The Standard Contract Form Instructions and Contractor C into this Contract and are legally binding: (Check ONE option Services Commonwealth IT Terms and Conditions	on): Commonwealth 1	Terms and Conditions <u>✓</u> Commonwealth Terms and Condition	ons For Human and Social	
COMPENSATION: (Check ONE option): The Department certi	fies that payments for au	thorized performance accepted in accordance with the terms	of this Contract will be supported	
I in the state accounting system by sufficient appropriations or of	other non-appropriated fun	nds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms are	2015 CMD 0 00	
✓ Maximum Obligation Contract. Enter total maximum oblig	ation for total duration of	f this contract (or <b>new</b> total if Contract is being amended). \$ ?	being amended.)	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pa	avments are issued throu	uigh FET 45 days from invoice receipt Contractors request	oting a seed system as a summer to seed	
i ideiluiy a FFD as idilows; Pavment issued within 10 days %	6 PPI). Payment issued wi	within 15 days % DDD: Daymont issued within 20 days	0/ DDD, D	
days% PPD. If PPD percentages are left blank, identify re payment (subsequent payments scheduled to support standar	agouit. V duite in Siai	HUMB 45 GAV CVCIP STATITOTVILLOSI OF RESIDIV Paymonte (M	M.G.L. c. 29, § 23A); only initial	
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or R	REASON FOR AMENDME	FNT. This contract is to distribute a formula grant award to the	Councils on Aging of the	
manicipalities of the contribitive attribed as appropriated in the cha	abler 227 of the Acts of 20	170 The award amount is determined by a concue based alloc	action of available grant funding	
how these grant funds were applied. All approved obligations in	nunicipality certifies that th neurred prior to the effectiv	he funds will be used for COA activities, and will complete a fin	nal fiscal report accounting for	
to be part of this dufferment, are to be funded from the inial amo	alint awarded linder this a	arrogment this contract and available but hath morting will be	e treated as the sole invoice for the	
maxima mobiligation of this contract. COAs are responsible for re	eturning this executed cor	ntract by no later than June 30, 2021.		
ANTICIPATED START DATE: (Complete ONE option only) The1. may be incurred as of the Effective Date (latest signature	ie Department and Conu	actor certify for this Contract, or Contract Amendment, that Co	ontract obligations:	
2. may be incurred as of, 20, a date LATER than	the Effective Date below	wand no obligations have been incurred prior to the Effective	Data	
✓ 3. were incurred as of <u>JULY 1</u> , 20 20 , a date PRIOR to th	ne Effective Date below, a	and the parties agree that payments for any obligations incurr	red prior to the Effective Date are	
admonized to be made entire as settlement payments of as	is aumonzed reimburseme	19 Dent Dayments and that the details and circumstances of all of	hligations under this Contract are	
attached and incorporated into this Contract. Acceptance	of payments forever relea	eases the Commonwealth from further claims related to these o	obligations.	
CONTRACT END DATE: Contract performance shall termina amended, provided that the terms of this Contract and perform completing any peguliated terms and warranties to allow any description.	rance expectations and o	obligations shall survivo its termination for the nurse as after	and the second of the second o	
completing any negotiated terms and warranties, to allow any cl	ose out or transition perf	iormance, reporting, invoicing or final payments, or during a	any lapse between amendments.	
CERTIFICATIONS: Notwithstanding verbal or other representa	ations by the parties, the	"Effective Date" of this Contract or Amendment shall be the	a latest date that this Contract or	
Allendine in has been executed by an authorized signatory of the	ne Contractor the Depar	rtment or a later Contract or Amondment Stort Date and affect	dialagness and the state of the	
certifications required under the Standard Contract Form Instruc	and reviewed all docu ctions and Contractor Cer	uments incorporated by reference as electronically published	red and the Contractor makes all	
accumentation upon request to support compliance, and add	rees that all terms dove	erning performance of this Contract and doing business in	Alanaa ahuua Ha aya a Haaba da	
incorporated by referrer terrein according to the following nier	rarchy of document preced	dence the applicable Commonwealth Torms and Conditions	this Observation of the state of	
by a Department as unacceptable, and additional negotiated	ons, the Request for Resp d terms, provided that a	conse (RFR) or other solicitation, the Contractor's Response (	(excluding any language stricken	
Contractor's response only in hade using the process of threat	in 801 CMR 21.07, incorr	porated herein, provided that any amended RFR or Response	e terms result in best value, lower	
costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE CONTRACTOR:		$\wedge$		
100 000 17/1 100		AUTHORIZING SIGNATURE FOR THE COMMONWEALT	TH:	
X: Date:	25/Z.(	X: Date   Date	d-1021	
Print Name: Mchael Levoer		(Signature and Date Must Be Handwritten At	Time of Signature)	
Print Title: 104 20 Mac		Print Title:		

This form is jointly issued and published by the Office of the Comptroller (CTR), the Executive Office for Administration and Finance (ANF), and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form or to the Standard Contract Form Instructions and Contractor Certifications, the Commonwealth IT Terms and Conditions for Human and Social Services or the Commonwealth IT Terms and Conditions which are incorporated by reference herein. Additional non-conflicting terms may be added by Attachment, Contractors are required to access published forms at CTR Forms;

https://www.macomptroller.org/forms. Forms are also posted at			o publiched forms at OTA Forms.
CONTRACTOR LEGAL NAME: TOWN OF ATHOL (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 584 MAIN ST ATHOL, MA 01331-1824		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: CATHY A. SAVOY	Phone: 978-249-8986	Billing Address (if different):	
E-Mail: coa@townofathol.org	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191704	•	E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD_001.		MMARS Doc ID(s): FY21COAATHOL00000000	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	040C-1040L-57550
X NEW CONTRACT		CONTRACT AMEND	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check one option	n only)	Enter Current Contract End Date Prior to Amendment:, 20	
Statewide Contract (OSD or an OSD-designated Departm		Enter Amendment Amount: \$ (or "no change")	
Collective Purchase (Attach OSD approval, scope, budge Department Procurement (includes all Grants - 815 CMR		AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)	
Notice or RFR, and Response or other procurement supp		Amendment to Date, Scope or Budget (Attach updated scope and budget)Interim Contract (Attach justification for Interim Contract and updated scope/budget)	
Emergency Contract (Attach justification for emergency, s		Contract Employee (Attach any updates to scope or t	
Contract Employee (Attach Employment Status Form, sco ✓ Other Procurement Exception (Attach authorizing langua		Other Procurement Exception (Attach authorizing language/justification and updated	
specific exemption or earmark, and exception justification,		scope and budget)	
The Standard Contract Form Instructions and Contractor into this Contract and are legally binding: (Check ONE opt Services Commonwealth IT Terms and Conditions			
COMPENSATION: (Check ONE option): The Department cer in the state accounting system by sufficient appropriations or a Rate Contract. (No Maximum Obligation) Attach details or Maximum Obligation Contract. Enter total maximum obligation	other non-appropriated fur fall rates, units, calculation	nds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms are	er 815 CMR 9.00. e being amended.)
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pidentify a PPD as follows: Payment issued within 10 days days% PPD. If PPD percentages are left blank, identify payment (subsequent payments scheduled to support standard BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or left blank.	% PPD; Payment issued we eason: _✓_agree to stated ard EFT 45 day payment	vithin 15 days % PPD; Payment issued within 20 days ndard 45 day cycle statutory/legal or Ready Payments (l cycle. See Prompt Pay Discounts Policy.)	% PPD; Payment issued within 30 M.G.L. c. 29, § 23A); only initial
municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant funding. The performance period for this award is 7/1/20-6/30/21. The municipality certifies that the funds will be used for COA activities, and will complete a final fiscal report accounting for how these grant funds were applied. All approved obligations incurred prior to the effective date of this agreement (for which payment obligations have been triggered) and are intended to be part of this agreement, are to be funded from the total amount awarded under this agreement. This contract, once executed by both parties, will be treated as the sole invoice for the maximum obligation of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021.			
ANTICIPATED START DATE: (Complete ONE option only) 1		HT 사용 사용 경영 중 2010년 1일 2010년 1일 소리 사용 시간 사용 시간 사용 기업 기업 기업 보고 있다. 그 보고 있는 것 같은 사용 기업 기업 경영 경영 기업	Sontract obligations:
, 20, a date LATER tha	n the Effective Date belo	wand <b>no</b> obligations have been incurred <b>prior</b> to the Effective	e Date.
3. were incurred as of <u>JULY 1</u> , 20 20 , 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 termin amended, provided that the terms of this Contract and perfor completing any negotiated terms and warranties, to allow any	mance expectations and	obligations shall survive its termination for the purpose of	resolving any claim or dispute, for
CERTIFICATIONS: Notwithstanding verbal or other represent Amendment has been executed by an authorized signatory of approvals. The Contractor certifications required under the Standard Contract Form Instructions and Contract Form Instructions and Contract Form Instructions and Contractor Certification and Contract Form Instructions and Contractor Certification and Contractor Certification and Contractor Sesponse only if made using the process outline costs, or a more cost effective Contract,  AUTHORIZING SIGNATURE FOR THE CONTRACTOR:  X:  (Signature and Date Must Be Handwritten At Time Print Name:  Print Title:	the Contractor, the Depart and reviewed all docuctions and Contractor Cogrees that all terms goverarchy of document precions, the Request for Resed terms, provided that din 801 CMR 21.07, inco	artment, or a later Contract or Amendment Start Date specificuments incorporated by reference as electronically publis ertifications under the pains and penalties of perjury, and furterning performance of this Contract and doing business edence, the applicable Commonwealth Terms and Condition ponse (RFR) or other solicitation, the Contractor's Response additional negotiated terms will take precedence over the reporated herein, provided that any amended RFR or Response AUTHORIZING SIGNATURE FOR THE COMMONWEATS.  AUTHORIZING SIGNATURE FOR THE COMMONWEATS.  Cignature and Date Must Be Handwritten.  Print Name:  Print Title:	ed above, subject to any required shed and the Contractor makes all her agrees to provide any required in Massachusetts are attached or s, this Standard Contract Form, he (excluding any language stricken relevant terms in the RFR and the se terms result in best value, lower ALTH:
	(Updated 6/3	0/20) Page 1 of 1	V WO

(Updated 6/30/20) Page 1 of 1



This form is jointly issued and published by the Office of the Comptroller (CTR), the Executive Office for Administration and Finance (ANF), and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form or to the Standard Contract Form Instructions and Contractor Certifications, the Commonwealth Terms and Conditions for Human and Social Services or the Commonwealth IT Terms and Conditions which are incorporated by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access published forms at CTR Forms: https://www.macomptroller.org/forms. Forms are also posted at OSD Forms: https://www.mass.gov/lists/osd-forms.

	The second secon	100 PATE - PATE	
CONTRACTOR LEGAL NAME: CITY OF ATTLEBORO (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 77 PARK ST ATTLEBORO, MA 02703-2334		Business Mailing Address: 1 ASHBURTON PL BOST	ON, MA 02108
Contract Manager: MADELEINE MCNIELLY	Phone: 774-203-1900	Billing Address (if different):	
E-Mail: coa@cityofattleboro.us	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000192072		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAATTLEBORO0000	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	040C-1040L-57550
X NEW CONTRACT		CONTRACT AMEND	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check one option only)		Enter Current Contract End Date <u>Prior</u> to Amendment:, 20	
Statewide Contract (OSD or an OSD-designated Departm		Enter Amendment Amount: \$ (or "no change")	
Collective Purchase (Attach OSD approval, scope, budge Department Procurement (includes all Grants - 815 CMR		AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)  Amendment to Date, Scope or Budget (Attach updated scope and budget)	
Notice or RFR, and Response or other procurement supp	orting documentation)	Interim Contract (Attach justification for Interim Contract and updated scope/budget)	
Emergency Contract (Attach justification for emergency, s Contract Employee (Attach Employment Status Form, sco		Contract Employee (Attach any updates to scope or b	
Other Procurement Exception (Attach authorizing languares specific exemption or earmark, and exception justification,	ge, legislation with	Other Procurement Exception (Attach authorizing last scope and budget)	nguage/justification and updated
The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions documentare incorporated by reference into this Contract and are legally binding: (Check ONE option): Commonwealth Terms and Conditions <a href="#">Commonwealth Terms and Conditions For Human and Social Services Commonwealth IT Terms and Conditions</a>			
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)  Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended). \$94,812.00.			er 815 CMR 9.00. e being amended.)
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason:/ agree to standard 45 day cyclestatutory/legal or Ready Payments (M.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 distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant funding. The performance period for this award is 7/1/20-6/30/21. The municipality certifies that the funds will be used for COA activities, and will complete a final fiscal report accounting for how these grant funds were applied. All approved obligations incurred prior to the effective date of this agreement (for which payment obligations have been triggered) and are intended to be part of this agreement, are to be funded from the total amount awarded under this agreement. This contract, once executed by both parties, will be treated as the sole invoice for the maximum obligation of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021.			
ANTICIPATED START DATE: (Complete ONE option only) T	he Department and Cont	ractor certify for this Contract, or Contract Amendment, that 0	Contract obligations:
1. may be incurred as of the Effective Date (latest signature			
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 Date3. were incurred as of, 20, 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.			rred prior to the Effective Date are obligations under this Contract are
CONTRACT END DATE: Contract performance shall termin amended, provided that the terms of this Contract and perfor completing any negotiated terms and warranties, to allow any	mance expectations and	obligations shall survive its termination for the purpose of	resolving any claim or dispute, for
CERTIFICATIONS: Notwithstanding verbal or other represent Amendment has been executed by an authorized signatory of approvals. The Contractor certifies that they have accessed certifications required under the Standard Contract Form Instructions required under the Standard Contract Form Instructions and Contract Form Instructions and Contract Form Instructions and Contractor Certification by a Department as unacceptable, and additional negotiate Contractor's Response only if made using the process outlined costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE CONTRACTOR:  X:  (Signature and Date Must Be Handwritten At Time Print Name:  Print Title:	the Contractor, the Depad and reviewed all docuctions and Contractor Cogrees that all terms governors, the Request for Resed terms, provided that all in 801 CMR 21.07, incompatible.	rtment, or a later Contract or Amendment Start Date specifications incorporated by reference as electronically publis entifications under the pains and penalties of perjury, and furterning performance of this Contract and doing business edence, the applicable Commonwealth Terms and Condition ponse (RFR) or other solicitation, the Contractor's Response additional negotiated terms will take precedence over the reported herein, provided that any amended RFR or Response AUTHORIZING SIGNATURE FOR THE COMMONWEAUTHORIZING SIGNATURE SIGNA	ed above, subject to any required shed and the Contractor makes all her agrees to provide any required in Massachusetts are attached or is, this Standard Contract Form, he (excluding any language stricken relevant terms in the RFR and the ise terms result in best value, lower ALTH:
	(Updated 6/30	0/20) Page 1 of 1	(sutraction

This form is jointly issued and published by the Office of the Comptroller (CTR), the Executive Office for Administration and Finance (ANF), and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form to the **Standard Contract Form** Instructions and Contractor Certifications, the Commonwealth Terms and Conditions for Human and Social Services or the Commonwealth IT Terms and Conditions which are incorporated by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access published forms at CTR Forms: https://www.maccomptroller.org/forms. Forms are also posted at OSD Forms: https://www.maccomptroller.org/forms.

https://www.macomptroller.org/forms. Forms are also posted at			s published forms at OTA Forms.
CONTRACTOR LEGAL NAME: TOWN OF AUBURN (and d/b/a):	COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFI MMARS Department Code:		OFFICE OF ELDER AFFAIRS
Legal Address: (W-9, W-4): 104 CENTRAL ST AUBURN, MA 01501-2343		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: JEAN BOULETTE	Phone: 508-832-7799	Billing Address (if different):	
E-Mail: jboulette@town.auburn.ma.us	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191706		E-Mail: STACEY,OCONNELL@MASS,GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAAUBURN0000000	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	040C-1040L-57550
X NEW CONTRACT		CONTRACT AMENDMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date Prior to Amendment:, 20	
Statewide Contract (OSD or an OSD-designated Departm		Enter Amendment Amount: \$ (or "no change")	
Collective Purchase (Attach OSD approval, scope, budgeDepartment Procurement (includes all Grants - 815 CMR		AMENDMENT TYPE: (Check one option only, Attach details of amendment changes.)	
Notice or RFR, and Response or other procurement supp	orting documentation)	Amendment to Date, Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget)	
Emergency Contract (Attach justification for emergency, s Contract Employee (Attach Employment Status Form, sco		Contract Employee (Attach any updates to scope or budget)	
✓ Other Procurement Exception (Attach authorizing langua	ge, legislation with	Other Procurement Exception (Attach authorizing la	nguage/justification and updated
specific exemption or earmark, and exception justification,	• • •	scope and budget)	
The Standard Contract Form Instructions and Contractor into this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions			
COMPENSATION: (Check ONE option): The Department cert			
in the state accounting system by sufficient appropriations or o		nds, subject to intercept for Commonwealth owed debts unde ins, conditions or terms and any changes if rates or terms are	
✓ Maximum Obligation Contract. Enter total maximum oblig			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pa	avments are issued thro	ugh EFT 45 days from invoice receipt. Contractors reques	sting accelerated payments must
identify a PPD as follows: Payment issued within 10 days9	6 PPD; Payment issued w	ithin 15 days % PPD; Payment issued within 20 days	% PPD; Payment issued within 30
days% PPD. If PPD percentages are left blank, identify reason: 🗹 agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial			M.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 distribute a formula grant award to the Councils on Aging of the			e Councils on Aging of the
municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant funding.			cation of available grant funding.
The performance period for this award is 7/1/20-6/30/21. The municipality certifies that the funds will be used for COA activities, and will complete a final fiscal report accounting for how these grant funds were applied. All approved obligations incurred prior to the effective date of this agreement (for which payment obligations have been triggered) and are intended			
to be part of this agreement, are to be funded from the total amount awarded under this agreement. This contract, once executed by both parties, will be treated as the sole invoice for			be treated as the sole invoice for the
maximum obligation of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021.			
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:			John act obligations.
1. may be incurred as of the Effective Date (latest signature date below) and <u>no</u> obligations have been incurred <u>prior</u> to the Effective Date2. may be incurred as of, 20, a date LATER than the Effective Date below and <u>no</u> obligations have been incurred <u>prior</u> to the Effective Date.			e Date.
3. were incurred as of JULY 1, 20 20 , 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 termin	The state of the s		
amended, provided that the terms of this Contract and performance completing any negotiated terms and warranties, to allow any	mance expectations and	obligations shall survive its termination for the purpose of	resolving any claim or dispute, for
CERTIFICATIONS: Notwithstanding verbal or other represent			
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 certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all			
certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further 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, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken			
by a Department as unacceptable, 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, low			
costs, or a more cost effective Contract.	u III 801 CIVIK 21.07, INCO	rporated herein, provided that any amended KFK or Respon	se terms result in dest value, lower
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:		AUTHORIZING SIGNATURE FOR THE COMMONWEA	ALTH:
X: Oulse a Jobse Date:	1/26/21	X: Plan Conny. Da	te: 2-18-21
(Signature and Date Must Be Handwritten At Time	of Signature)	(Signature and Date Must Be Handwritten At Time of Signature)	
Print Name: JULE AL Ja Cobsum		Print Name: REGGY CONNERLY	
Print Title: Town Manuell.		Print Title: 1 1 10 Total of Alloyating	



This form is jointly issued and published by the Office of the Comptroller (CTR), the Executive Office for Administration and Finance (ANF), and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form or to the Standard Contract Form Instructions and Contractor Certifications, the Commonwealth Terms and Conditions for Human and Social Services or the Commonwealth IT Terms and Conditions which are incorporated by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access published forms at CTR Forms: https://www.macomptroller.org/forms. Forms are also posted at OSD Forms; https://www.macs.gov/lists/osd-forms.

Department Procurement (includes all Carnits - 815 CMR 200) (Solicitation Notice or RFR and Response or other procurement supporting documentation)  Emergency Contract (Altach justification for emergency, soope budget)  Other Procurement Exception (Altach authorizing language, legislation with specific exemption or armark, and exception justification, soope and budget)  The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions Scope and budget)  The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions Scope and budget)  The Standard Contract and are legally binding: (Check CNE option):	https://www.macomptroller.org/forms. Forms are also posted at t	OSD Forms: https://www.	mass.gov/lists/osd-torms.	
Contract Manager: LOUISE HARDIMAN Pione: 508-559-0000 Billing Address (if different):  Contract Manager STACEY ANNE OCONNELL Phone: 617-222-7419 EABil: It hardmang@avon-ma.gov Fax: Contract Manager: STACEY ANNE OCONNELL Phone: 617-222-7419  EABil: STACEY COMMELL@MASS.GOV Fax: 617-727-9388  Wendor Code Address ID (e.g. "AD001"; AD_001.  MARS Doc ID(s): FYZI COAN/ON000000000  RRRProcurement or Other ID number: 8D-21-1940-1940-0400-57550  RRRProcurement (CSD or an OSD-diseignated Department) Collective Purchase (Mach OSD approved soope, budged) Contract Employee (Mach Employee) (Stable Employee) (Address Employe	The Mark And Section Control of the Control of Section Control of Sect			
EMBalt: Inardinang@avon-ma.gov  Fax: Contract Manager: STACEY ANNE CONNELL_MPhone: 617-222-7419  Contractor Vendor Code: V60800191708  EMBalt: STACEY.COMNELL@MASS.GOV Fax: 617-727-3988  MMARS Dot Display: P12-04-04-0400-0194-05-7550  PROCUREMENT OR EXCEPTION TYPE: (Check on expotion only) Statewids Centract (CSD) or an CSD -designated Department) Collective Perchases (Nation: CSD agreed) and propriet content (State only) Department Procurement Industives all Granes - 15 CMR 200) (Solicitation Notice or IFR; and Resonate or other procurement supporting documentalisty) Emergency Centract (Mach justification for emergency, Scope, budgel) Contract Employee (Albact Employer) (States From soope, budgel) Contract Employee (Albact Employer) (States From soope, budgel) Contract Employee (Albact Displayer) (States From soope) (States From soope) The States Accounted the Procurement Exception (Mach authorizing language) (States Employer) The Standard Contract From Instructions and Contractor Contract Employee (Albact Displayer) The Standard		W-4): 65 E MAIN ST Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		ON, MA 02108
Contractor Vendor Code : VC600019178 D. 001  Note: The Address ID (e.g. "A0001"; AD 001  Note: The Address ID must be set up for EFF payments.)  X. NEW CONTRACT  PROCUREMENT OR EXCEPTION TYPE: (Check one option only)  Statewide Contract (CRD on an OSD-designed Dopartment)  Collective Purchase (Misch of SD) designed Dopartment)  Collective Purchase (Misch of SD) designed Dopartment)  Collective Purchase (Misch of SD) approved spent purporting documentality  Notice or EFF, and Response or other procurement Exception (Misch 201) (Solicitation Notes or EFF, and Response or other procurement Exception (Misch an obtained and Egg).  Contract Employee (Misch Employment Status Form, scope, budget)  Other Procurement Exception (Misch an obtained payment) (Misch Employment Status Form, scope, budget)  Other Procurement Exception (Misch an obtained payment) (Misch and puricing language, legislation with specific exemption or earmst, and exception justification, scope and budget)  The Standard Contract Form Instructions and Contract or Certifications and the following Commonwealth Terms and Conditions for International Procurement Exception (Misch and puricing language) (Legislation with specific exemption or earmst, and exception) justification, scope and budget)  The Standard Contract Form Instructions and Contract or Certifications and the following Commonwealth Terms and Conditions for Internation of this Contract and are legally binding: (Check CNE option): The Department certifies his payments for authorized performance accepted in accordance with the terms of this Contract is the state accounting system by sulfident appropriations or other non-appropriate durinds, subject to Internation of this contract is being amended.)  PROMPT PAYMENT DISCOUNTS (PD): Commonwealth payments are issued withough EFT 45 days from invoice receipt. Contractors requesting accelerated payments in the state accounting system by sulfident appropriations or other on appropriated days and the payment issued within 10 days. "S PPD; Payment iss	Contract Manager: LOUISE HARDIMAN	Phone: 508-559-0060	Billing Address (if different):	
Vender Code Address ID (e.g. "ADD01"): AD_001.  MARS Doc.ID(s): FY21COAAVON00000000  RERProcurement or Other ID Number: IB-21-040-0-0400-57550  RERProcurement or Other ID Number: BD-21-040-0-0400-57550  RerProcurement Procurement (Includes all Crans - 815-CNR 2.00) (Solicitation Notice or RFF, and Response or other procurement proporting documentation).  Emergency Contract Engloyee (Rabat Engloyeen IS State Form soope, budget) Contract Employee (Rabat Engloyeen IS State Form soope, budget) Contract Employee (Rabat Engloyeen IS State Form soope, budget) Contract Employee (Rabat Engloyeen IS State Form soope, budget) Contract Employee (Rabat Engloyeen IS State Form soope, budget) Contract Employee (Rabat Engloyeen IS State Form soope, budget) Contract Employee (Rabat Engloyeen IS State Form soope, budget) Contract Employee (Rabat Engloyeen IS State Form soope, budget) Contract Employee (Rabat Engloyeen IS State Form soope, budget) Contract Employee (Rabat Engloyeen IS State Form Is State Is State Rabat Is State Rabat Is State Rabat Is State Rabat Is Ra	E-Mail: lhardiman@avon-ma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Note: The Address ID must be set up for EFT payments.]	Contractor Vendor Code: VC6000191708	£	E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
X NEW CONTRACT  PROCUREMENT OR EXCEPTION TYPE: (Check one option only)  statewide Contract (SDS) or an CSO-designated by Department)  Collective Purchase (Alach OSD approval, scope, budget)  Department Procurement (includes all Grams—515 ONR 200) (Solicialism Notings of RT) and contract (Alach and Contract States)  Department Procurement (includes all Grams—515 ONR 200) (Solicialism Notings of RT) and contract (Alach and Contract Ingrugos, legislation of resmany, scope, budget)  Contract Employee (Alach any updates to scope and budget)  The Standard Contract (Alach plastification of semigracy, scope) budget on the specific exemption or armark, and exception justification, scope and budget)  The Standard Contract Form instructions and Contractor Centifications and the following Commonwealth Terms and Conditions of Contract and are legally binding; (Check ONE option). "Commonwealth Terms and Conditions of Commonwealth Terms and Conditions For Human and Social Social Commonwealth Terms and Conditions For Human and Social Social Contract, (No Maximum Obligation) Allow details of all rates, units, calculations, conditions represent the special propriets of the Social Commonwealth Terms and Conditions For Human and Social Social Contract, (No Maximum Obligation) Allow details of all rates, units, calculations, conditions represent the special contract of the Social Contract Cont	Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAAVON0000000000	
PROCUREMENT OR EXCEPTION TYPE: (Check one option only)  Statewide Contract (CSD or an OSD-designated Department)  Collective Purchase (Atlanch Das Department)  Collective Purchase (Atlanch Das Department)  Collective Purchase (Atlanch Das Department)  Notice or RFR, and Response or other procurement supporting documentation)  Emergency Contract (Atlanch justification for emergency, scope, budget)  Contract Employee (Atlanch Employeent Status Form, scope, budget)  Contract Employee (Atlanch Employeent Status Form, scope, budget)  Other Procurement Exception (Atlanch Justification for emergency, scope, budget)  Other Procurement Exception or earnaria, and ecoption justification, scope and budget)  The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions of Commonwealth Terms and Conditions (Commonwealth Terms and Conditions Secretions)  Compositions — Commonwealth Terms and Conditions  Compositions — Commonwealth Terms and Conditions  Compositions — Commonwealth Terms and Conditions for the many and Social Services — Commonwealth Terms and Conditions for the many and Social Services — Commonwealth Terms and Conditions for the many and Social Institute of the Contract (No Naximum Obligation ) Atlanch delate for all rates, units, sciolations, conditions or imma and any charges frates or terms are abeligamented.)  PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EET-45 days from involve receipt Commonwealth against and the Commonwealth payments are issued through EET-45 days from involve receipt Commonwealth against several payments are issued through EET-45 days from involve receipt Commonwealth against several payments are submediated and payments and solicitions of the Commonwealth and payments are submediated and payments and solicitions of the Commonwealth payments are submediated and the Commonwealth and payments are submediated and payments and solicitions of the Commonwealth payments are submediated and the Commonwealth	(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	040 C-1040L-57550
Into this Contract and are legally binding: (Check ONE option):Commonwealth Terms and Conditions ✓ Commonwealth (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting systemby sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00	PROCUREMENT OR EXCEPTION TYPE: (Check one option only)  Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) Other Procurement Exception (Attach authorizing language, legislation with		CONTRACT AMENDMENT  Enter Current Contract End Date <u>Prior</u> to Amendment: 2022.  Enter Amendment Amount: (or "no change")  AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)  — Amendment to Date, Scope or Budget (Attach updated scope and budget)  — Interim Contract (Attach justification for Interim Contract and updated scope/budget)  — Contract Employee (Attach any updates to scope or budget)  — Other Procurement Exception (Attach authorizing language/justification and updated	
In the state accounting systemby sufficient appropriations or other non-appropriated funds, subject to interopting Commonwealth owed debts under 816 CMR 9.00.  Rate Contract. (No Maximum Obligation) Attach dealts of all rates, units, calculations, conditions or terms and any changes (irrates or terms are being amended.)  ✓ Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended). \$\frac{12,240.00}{2}\$.  PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments midentify a PPD as follows: Payment issued within 10 days	into this Contract and are legally binding: (Check ONE optic Services Commonwealth IT Terms and Conditions	on):Commonwealth	Ferms and Conditions <u>✓</u> Commonwealth Terms and Conditi	ons For Human and Social
payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy)  RRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the municipalities of the Commonweath, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based alocation of available grant funding The performance period for this award is 71/120-6/30/21. The municipality certifies that the funds will be used for COA activities, and will complete a final fiscal report accounting for how these grant funds were applied. All approved obligations incurred prior to the effective date of this agreement. Find this agreement, for which payment obligations have been triggered) and are intended to be part of this agreement, are to be funded from the total amount awarded under this agreement. This agreement This contract, once executed by both parties, will be treated as the sole invoice for maximum obligation of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021.  ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:	in the state accounting system by sufficient appropriations or ofRate Contract. (No Maximum Obligation) Attach details of the Maximum Obligation Contract. Enter total maximum obliged PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth particularly a PPD as follows: Payment issued within 10 days %	ther non-appropriated fur all rates, units, calculation ation for total duration of yments are issued thro pPD: Payment issued w	nds, subject to intercept for Commonwealth owed debts under ns, conditions or terms and any changes if rates or terms and this contract (or <i>new</i> total if Contract is being amended). \$_ugh EFT 45 days from invoice receipt. Contractors reque tithin 15 days % PPD; Payment issued within 20 days	er 815 CMR 9.00. e being amended.) 12,240.00. sting accelerated payments must % PPD; Payment issued within 30
	BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or R municipalities of the Commonwealth, as appropriated in the Cha The performance period for this award is 7/1/20-6/30/21. The m how these grant funds were applied. All approved obligations in to be part of this agreement, are to be funded from the total amon maximum obligation of this contract. COAs are responsible for re-	EASON FOR AMENDM apter 227 of the Acts of 20 unicipality certifies that the neurred prior to the effection ount awarded under this a eturning this executed co	ENT: This contract is to distribute a formula grant award to the 20. The award amount is determined by a census-based alone funds will be used for COA activities, and will complete a vertice of this agreement (for which payment obligations have agreement. This contract, once executed by both parties, will but a by no later than June 30, 2021.	ocation of available grant funding. final fiscal report accounting for e been triggered) and are intended be treated as the sole invoice for he
				Contract obligations:
	1. may be incurred as of the Effective Date (latest signature	date below) and <u>no</u> oblig	gations have been incurred <u>prior</u> to the Effective Date.	o Data
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, completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendment. Start Date specified above, subject to any required approvals. Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract 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 certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further 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 incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or othersolicitation, the Contractor's Response (excluding any language strick by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and to 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, low costs, or a more cost effective Contract.	3. were incurred as of <u>JULY 1</u> , 20 <u>20</u> , a date PRIOR to the authorized to be made either as settlement payments or a	he Effective Date below, as authorized reimbursem	and the parties agree that payments for any obligations inco ent payments, and that the details and circumstances of all	urred prior to the Effective Date are obligations under this Contract are
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 requir approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any requir documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form Standard Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language strick by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and to 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, low costs, or a more cost effective Contract.	amended, provided that the terms of this Contract and perforn completing any negotiated terms and warranties, to allow any o	nance expectations and close out or transition per	obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during	resolving any claim or dispute, for any lapse between amendments.
X:	Amendment has been executed by an authorized signatory of approvals. The Contractor certifies that they have accessed certifications required under the Standard Contract FormInstrut documentation upon request to support compliance, and agincorporated by reference herein according to the following hie Standard Contract Form Instructions and Contractor Certification by a Department as unacceptable, and additional negotiate Contractor's Response only if made using the process outlined costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE CONTRACTOR:  X:	the Contractor, the Depad and reviewed all doc ctions and Contractor Contract	urtment, or a later Contract or Amendment Start Date specificuments incorporated by reference as electronically publis effications under the pains and penalties of perjury, and furterning performance of this Contract and doing business edence, the applicable Commonwealth Terms and Condition ponse (RFR) or other solicitation, the Contractor's Response additional negotiated terms will take precedence over the reporated herein, provided that any amended RFR or Response AUTHORIZING SIGNATURE FOR THE COMMONWEATH Contractor's Response to the response of the	ed above, subject to any required shed and the Contractor makes all ther agrees to provide any required in Massachusetts are attached or ns, this Standard Contract Form, the e (excluding any language stricken relevant terms in the RFR and the nse terms result in best value, lower ALTH:

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https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.i	mass.gov/lists/osd-forms.	
CONTRACTOR LEGAL NAME: TOWN OF AYER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 1 MAIN ST AYER, MA 01432-1365	(4)	Business Mailing Address: 1 ASHBURTON PL BO	STON, MA 02108
Contract Manager: KARIN DYNICE-SWANFELD	Phone: 978-772-8260	Billing Address (if different):	
E-Mail: KDSWANY@aol.com	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191709		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAAYER000000000	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040	-1040 C-1040L-57550
X NEW CONTRACT		CONTRACT AMEN	
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date <u>Prior</u> to Amendmen	
Statewide Contract (OSD or an OSD-designated Departm		Enter Amendment Amount: \$ (or "no change")  AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)	
Collective Purchase (Attach OSD approval, scope, budge	t)		
Department Procurement (includes all Grants - 815 CMR Notice or RFR, and Response or other procurement supp	2.00) (Solicitation orting documentation)	Amendment to Date, Scope or Budget (Attach up	
Emergency Contract (Attach justification for emergency, s		Interim Contract (Attach justification for Interim Contract Employee (Attach any updates to scope of	ntract and updated scope/budget)
Contract Employee (Attach Employment Status Form, sco	oe, budget)	Other Procurement Exception (Attach authorizing	
Other Procurement Exception (Attach authorizing languages specific exemption or earmark, and exception justification, see the content of t	ge, registation with scope and budget)	scope and budget)	language/justilication and updated
The Standard Contract Form Instructions and Contractor into this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions	Certifications and the fo	llowing Commonwealth Terms and Conditions docum Terms and Conditions <u>✓</u> Commonwealth Terms and Cond	nentare incorporated by reference ditions For Human and Social
COMPENSATION: (Check ONE option): The Department cert in the state accounting system by sufficient appropriations or a Rate Contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum obligation	ther non-appropriated fur all rates, units, calculatio	nds, subject to intercept for Commonwealth owed debts ur ons, conditions or terms and any changes if rates or terms	nder 815 CMR 9.00. are being amended.)
- The state of the			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pridentify a PPD as follows: Payment issued within 10 days days% PPD. If PPD percentages are left blank, identify repayment (subsequent payments scheduled to support standard)	% PPD; Payment issued w eason: _✓_agree to star	ithin 15 days % PPD; Payment issued within 20 days ndard 45 day cycle statutory/legal or Ready Payment	% PPD; Payment issued within 30
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or I municipalities of the Commonwealth, as appropriated in the Ch The performance period for this award is 7/1/20-6/30/21. The r how these grant funds were applied. All approved obligations i to be part of this agreement, are to be funded from the total ammaximum obligation of this contract. COAs are responsible for	REASON FOR AMENDMI apter 227 of the Acts of 20 nunicipality certifies that the ncurred prior to the effective ount awarded under this a returning this executed co	ENT: This contract is to distribute a formula grant award to 020. The award amount is determined by a census-based and funds will be used for COA activities, and will complete we date of this agreement (for which payment obligations hap rement. This contract, once executed by both parties, which by no later than June 30, 2021.	allocation of available grant funding. a final fiscal report accounting for ave been triggered) and are intended ill be treated as the sole invoice for the
ANTICIPATED START DATE: (Complete ONE option only)			at Contract obligations:
1. may be incurred as of the Effective Date (latest signature	e date below) and <u>no</u> oblig	gations have been incurred <u>prior</u> to the Effective Date.	ctivo Dato
2. may be incurred as of, 20, a date LATER tha  ✓3. were incurred as of JULY1, 20 20, a date PRIOR to authorized to be made either as settlement payments or attached and incorporated into this Contract. Acceptance	the Effective Date below, as authorized reimbursem e of payments forever rele	and the parties agree that payments for any obligations in pent payments, and that the details and circumstances of pases the Commonwealth from further claims related to the	ncurred prior to the Effective Date are all obligations under this Contract are ese obligations.
CONTRACT END DATE: Contract performance shall termin amended, provided that the terms of this Contract and perfor completing any negotiated terms and warranties, to allow any	mance expectations and close out or transition per	obligations shall survive its termination for the purpose formance, reporting, invoicing or final payments, or duri	of resolving any claim or dispute, for ing any lapse between amendments.
CERTIFICATIONS: Notwithstanding verbal or other represent Amendment has been executed by an authorized signatory of approvals. The Contractor certifies that they have accessed certifications required under the Standard Contract Form Instruction upon request to support compliance, and a incorporated by reference herein according to the following his Standard Contract Form Instructions and Contractor Certification by a Department as unacceptable, and additional negotiatic Contractor's Response only if made using the process outline costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE CONTRACTOR:  X:	the Contractor, the Depart and reviewed all docuctions and Contractor Cogrees that all terms goverarchy of document precions, the Request for Resed terms, provided that din 801 CMR 21.07, inco	artment, or a later Contract or Amendment Start Date spe uments incorporated by reference as electronically pul ertifications under the pains and penalties of perjury, and terning performance of this Contract and doing busine edence, the applicable Commonwealth Terms and Condit sponse (RFR) or other solicitation, the Contractor's Responadditional negotiated terms will take precedence over the provided that any amended RFR or Response (RFR) and Contractor's RESPONSE (RFR) an	cified above, subject to any required blished and the Contractor makes all further agrees to provide any required is in Massachusetts are attached or ions, this Standard Contract Form, the nse (excluding any language stricken the relevant terms in the RFR and the conse terms result in best value, lower VEALTH:  Date: 28222
Print Name: Print Name: Print Name: Print Title: Print Ti			= ~ 2