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 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.

nttps://www.nacomptroller.org/lorns. Forms are also posted at	OSD FOITIS. Https://www.	mass.gov/iisis/osu-iorms.	
CONTRACTOR LEGAL NAME: TOWN OF BARRE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 40 WEST ST BARRE, MA 01005-9289		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: EILEEN CLARKSON	Phone: 978-355-5004	Billing Address (if different):	
E-Mail: coa@townofbarre.com	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191711		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COABARRE0000000	
(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	
PROCUREMENT OR EXCEPTION TYPE: (Check one option	ı only)	Enter Current Contract End Date Prior to Amendment:	
Statewide Contract (OSD or an OSD-designated Departm		Enter Amendment Amount: \$ (or "no change	
Collective Purchase (Attach OSD approval, scope, budge		AMENDMENT TYPE: (Check one option only. Attach d	
Department Procurement (includes all Grants - 815 CMR Notice or RFR, and Response or other procurement supp		Amendment to Date, Scope or Budget (Attach upda Interim Contract (Attach justification for Interim Contra	
Emergency Contract (Attach justification for emergency, s	cope, budget)	Contract Employee (Attach any updates to scope or b	
Contract Employee (Attach Employment Status Form, sco ✓ Other Procurement Exception (Attach authorizing language)		Other Procurement Exception (Attach authorizing lar	
specific exemption or earmark, and exception justification,		scope and budget)	33-,
The Standard Contract Form Instructions and Contractor of 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 c Rate Contract. (No Maximum Obligation) Attach details of			
✓ Maximum Obligation Contract. Enter total maximum oblig			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pa	symante are issued thro	ugh EET 45 days from invoice receipt Contractors reque	eting accolorated payments must
identify a PPD as follows: Payment issued within 10 days	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 re	eason: 🗹 agree to star	ndard 45 day cycle statutory/legal or Ready Payments (I	M.G.L. c. 29, § 23A); only initial
payment (subsequent payments scheduled to support standa BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or F			ne Councils on Aging of the
municipalities of the Commonwealth, as appropriated in the Ch			
The performance period for this award is 7/1/20-6/30/21. The n			
how these grant funds were applied. All approved obligations in to be part of this agreement, are to be funded from the total am			
maximum obligation of this contract, COAs are responsible for	eturning this executed co	ntract by no later than June 30, 2021.	
ANTICIPATED START DATE: (Complete ONE option only) T			Contract obligations:
1. may be incurred as of the Effective Date (latest signature			- D-1-
2. may be incurred as of, 20, a date LATER than 3. were incurred as of <u>JULY1</u> , 20_20, a date PRIOR to to			
authorized to be made either as settlement payments or a	as authorized reimbursem	ent payments, and that the details and circumstances of all	obligations under this Contract are
attached and incorporated into this Contract. Acceptance	of payments forever rele	ases the Commonwealth from further claims related to these	obligations.
CONTRACT END DATE: Contract performance shall termin	ate as of JUNE 30,	20 21, with no new obligations being incurred after this da	te unless the Contract is properly
amended, provided that the terms of this Contract and perforr completing any negotiated terms and warranties, to allow any	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.
CERTIFICATIONS: Notwithstanding verbal or other represent			
Amendment has been executed by an authorized signatory of			
approvals. The Contractor certifies that they have accesse	d and reviewed all docu	uments incorporated by reference as electronically publis	hed 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 re documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attact			
incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract			s, this Standard Contract Form, the
Standard Contract Form Instructions and Contractor Certifications, the Request for Resp by a Department as unacceptable, and additional negotiated terms, provided that a			
Contractor's Response only if made using the process outlined in 801 CMR 21.07, incor			
costs, or a more cost effective Contract.			
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	_	AUTHORIZING SIGNATURE FOR THE COMMONWEA	LTH: 7 11 71
X: Date:	1120 21	X: Da	te: 3-11-d/
Signature and Date Wust Be Handwritten At Time	of Signature)	(Signature and Date Must Be Handwritten	At Time of Signature)
Print Name: Jessica Sizer		Print Name:	+deminten
Printible: Tour Administrator.		and outpating	

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

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https://www.macomptroller.org/lorms. Forms are also posted at	OSD FOITIS. https://www.	mass.gov/iists/osd-iorns.	
CONTRACTOR LEGAL NAME: TOWN OF BEDFORD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 10 MUDGE WAY BEDFORD, MA 01730-2193		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: ALISON CSERVENSCHI	Phone: 781-275-6825	Billing Address (if different):	
E-Mail: acservenschi@bedfordma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191713		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD_001.		MMARS Doc ID(s): FY21COABEDFORD000000	
(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 PROCUREMENT OR EXCEPTION TYPE: (Check one option Statewide Contract (OSD or an OSD-designated Departm Collective Purchase (Attach OSD approval, scope, budge Department Procurement (includes all Grants - 815 CMR Notice or RFR, and Response or other procurement supp Emergency Contract (Attach justification for emergency, s	ent) t) 2.00) (Solicitation orting documentation) cope, budget)	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)	
Contract Employee (Attach Employment Status Form, scoper Other Procurement Exception (Attach authorizing language specific exemption or earmark, and exception justification, scope of the contract of the	ge, legislation with	Other Procurement Exception (Attach authorizing la scope and budget)	
The Standard Contract Form Instructions and Contractor of into this Contract and are legally binding: (Check ONE options) Services Commonwealth IT Terms and Conditions	Certifications and the foon): Commonwealth	llowing Commonwealth Terms and Conditions documer Ferms and Conditions <u>✓</u> Commonwealth Terms and Conditi	nt are incorporated by reference ons For Human and Social
COMPENSATION: (Check ONE option): The Department cert in the state accounting system by sufficient appropriations or compensation. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum obligation.	ther non-appropriated fur all rates, units, calculatio	ids, subject to intercept for Commonwealth owed debts under ns, conditions or terms and any changes if rates or terms are	er 815 CMR 9.00. e being amended.)
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth paidentify 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)	6 PPD; Payment issued w eason: <u>✓</u> agree to star ird EFT 45 day payment	ithin 15 days % PPD; Payment issued within 20 days ndard 45 day cycle statutory/legal or Ready Payments (cycle. See Prompt Pay Discounts Policy.)	% PPD; Payment issued within 30 M.G.L. c. 29, § 23A); only initial
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or F municipalities of the Commonwealth, as appropriated in the Ch The performance period for this award is 7/1/20-6/30/21. The nhow these grant funds were applied. All approved obligations it to be part of this agreement, are to be funded from the total ammaximum obligation of this contract. COAs are responsible for	apter 227 of the Acts of 20 nunicipality certifies that th ncurred prior to the effective nunt awarded under this a	D20. The award amount is determined by a census-based allo the funds will be used for COA activities, and will complete a trive date of this agreement (for which payment obligations have greement. This contract, once executed by both parties, will be	cation of available grant funding. final fiscal report accounting for e been triggered) and are intended
ANTICIPATED START DATE: (Complete ONE option only) T	date below) and <u>no</u> oblig	gations have been incurred prior to the Effective Date.	
2. may be incurred as of, 20, a date LATER that ✓ 3. were incurred as of JULY 1, 20 20, a date PRIOR to to authorized to be made either as settlement payments or a attached and incorporated into this Contract. Acceptance	he Effective Date below, as authorized reimbursem		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 performance 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 representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contractor Amendment shart Date specified above, subject to any reapprovals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor may certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any redocumentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attact incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract For Standard Contract FormInstructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any languages by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR at 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: William Time and Date Must Be Handwritten At Time of Signature) Print Name: Y: William Time and Date Must Be Handwritten At Time of Signature) Print Title: Print Title: Print Title: Print Title: Print Title:			ed above, subject to any required shed and the Contractor makes all ther agrees to provide any required in Massachusetts are attached or is, this Standard Contract Form, the excluding any language stricken relevant terms in the RFR and the se terms result in best value, lower ALTH:
	d	and	phyractive

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**This form is jointly issued and published by the Office of the 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 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:

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https://www.macomptroller.org/forms. Forms are also posted at t	JOD FOITIS. Tittps://www.i	Tidoo.go villotoro da Torribi.		
CONTRACTOR LEGAL NAME: TOWN OF BELCHERTOWN (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): PO BOX 607 BELCHERTOWN, MA 01007-0607		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: JESSICA LANGLOIS	Phone: 413-323-0420	Billing Address (if different):		
E-Mail: jlanglois@belchertown.org	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191714		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COABELCHERTOWN00		
(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 <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)		
specific exemption or earmark, and exception justification, s The Standard Contract Form Instructions and Contractor C into this Contract and are legally binding: (Check ONE option Services Commonwealth IT Terms and Conditions	ertifications and the fo	Illowing 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 cert	ther non-appropriated fur all rates, units, calculation	nds, subject to intercept for Commonwealth owed debts und ons, conditions or terms and any changes if rates or terms ar	horized performance accepted in accordance with the terms of this Contract will be supported ds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. ns, conditions or terms and any changes if rates or terms are being amended.) this contract (or new total if Contract is being amended). \$ 28.920.00.	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth paidentify 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 standal BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or Emunicipalities of the Commonwealth, as appropriated in the Charles performance period for this award is 7/1/20-6/30/21. Then how these grant funds were applied. All approved obligations in the bepart of this agreement, are to be funded from the total ammaximum obligation of this contract. COAs are responsible for the same interest.	b PPD; Payment issued was on: \(\frac{\sqrt{2}}{\sqrt{2}}\) agree to stain the EFT 45 day payment REASON FOR AMENDM apter 227 of the Acts of 20 ununicipality certifies that the curred prior to the effection tawarded under this are turning this executed co	vithin 15 days % PPD; Payment issued within 20 days ndard 45 day cycle statutory/legal or Ready Payments (cycle. See Prompt Pay Discounts Policy.) ENT: This contract is to distribute a formula grant award to the contract of the contract of the funds will be used for COA activities, and will complete a very 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.	% PPD; Payment issued within 30 (M.G.L. c. 29, § 23A); only initial the Councils on Aging of the pocation of available grant funding. final fiscal report accounting for the been triggered) and are intended be treated as the sole invoice for the	
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment 1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date incurred as of, 20, a date LATER than the Effective Date below and no obligations have been incurred prior to the 3. were incurred as of, 20, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations have been incurred prior to the authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstance attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related.			ve Date. urred prior to the Effective Date are lobligations under this Contract are le 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 pe	I obligations shall survive its termination for the purpose of rformance, reporting, invoicing or final payments, or during	fresolving any claim or 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 shall be the latest date that this Contractor Amendment Start Date specified above, subject to any re approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor may certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any redocumentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attacting incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language so by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR at 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:			fied above, subject to any required shed and the Contractor makes all of the ragrees to provide any required in Massachusetts are attached or ms, this Standard Contract Form, he re (excluding any language stricken or relevant terms in the RFR and the nse terms result in best value, lower that:	

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

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are incorporated by reference herein. Additional non-con https://www.macomptroller.org/forms. Forms are also posted at			published forms at CTR Forms:
CONTRACTOR LEGAL NAME: TOWN OF BELLINGHAM (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 10 MECHANIC ST BELLINGHAM, MA 02019-3150		Business Mailing Address: 1 ASHBURTON PL BOST	ON, MA 02108
Contract Manager: JOSIE DUTIL	Phone: 508-657-2705	Billing Address (if different):	
E-Mail: jdutil@bellinghamma.org	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191715		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COABELLINGHAM000	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	140C-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)		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) Illowing Commonwealth Terms and Conditions document are incorporated by reference	
into this Contract and are legally binding: (Check ONE option):Commonwealth Terms and Conditions Commonwealth Terms and Conditions Commonwealth Terms and Conditions Compensations (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance wi in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owedRate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates Maximum Obligation Contract . Enter total maximum obligation for total duration of this contract (or new total if Contract is being an			of this Contract will be supported 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 payment identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 day			% PPD; Payment issued within 30 M.G.L. c. 29, § 23A); only initial the Councils on Aging of the ecation of available grant funding. In all fiscal report accounting for the been triggered) and are intended
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:			
CONTRACT END DATE: Contract performance shall termin amended, provided that the terms of this Contract and perfort 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 representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contractor 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 mapprovals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor moderates 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 requiest 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 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 CONTRACTOR: X: Date:			ed above, subject to any required thed and the Contractor makes all her agrees to provide any required in Massachusetts are attached or s, this Standard Contract Form, the (excluding any language stricken relevant terms in the RFR and the se terms result in best value, lower LLTH:
	(Updated 6/30	0/20) Page 1 of 1 4 9 CPM	tracting

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.r	mass.gov/lists/osd-forms.	
CONTRACTOR LEGAL NAME: TOWN OF BERKLEY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 1 N MAIN ST BERKLEY, MA 02779-1336		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: Heather Martin-Sterling	Phone: 508-821-3105	Billing Address (if different):	
E-Mail: selectmen@berkleyma.us	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191719	I un	E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
		MMARS Doc ID(s): FY21COABERKLEY000000	·
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-21-1040-10	40C-1040L-57550
		CONTRACT AMEND	The state of the s
X NEW CONTRACT	only)	Enter Current Contract End Date Prior to Amendment:	
PROCUREMENT OR EXCEPTION TYPE: (Check one option Statewide Contract (OSD or an OSD-designated Department)		Enter Amendment Amount: \$ (or "no change"	")
Collective Purchase (Attach OSD approval, scope, budget)	AMENDMENT TYPE: (Check one option only. Attach d	etails of amendment changes.)
Department Procurement (includes all Grants - 815 CMR	2.00) (Solicitation	Amendment to Date, Scope or Budget (Attach updat	ed scope and budget)
Notice or RFR, and Response or other procurement support Emergency Contract (Attach justification for emergency, s	cope, budget)	Interim Contract (Attach justification for Interim Contract Contract Employee (Attach any updates to scope or b	act and updated scoperbudger)
Contract Employee (Attach Employment Status Form, sco	pe, budget)	Other Procurement Exception (Attach authorizing lar	nguage/justification and updated
Other Procurement Exception (Attach authorizing language specific exemption or earmark, and exception justification, s	e, legislation with	scope and budget)	,
The Standard Contract Form Instructions and Contractor Cinto this Contract and are legally binding: (Check ONE opti	artifications and the fo	llowing Commonwealth Terms and Conditions document ferms and Conditions ✓ Commonwealth Terms and Condition	t are incorporated by reference ons For Human and Social
Services Commonwealth IT Terms and Conditions			
COMPENSATION: (Check ONE antion): The Department cert	fies that payments for aut	horized performance accepted in accordance with the terms	of this Contract will be supported
in the state accounting system by sufficient appropriations or c Rate Contract. (No Maximum Obligation) Attach details of	ther non-appropriated till	ins subject to intercept for commonwealth owed doors unde	31 010 01111 (0.00)
Rate Contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum obligation	all rates, utilis, calculation of	this contract (or new total if Contract is being amended). \$_	10,752.00.
DOOLUNTO (DDD)	um ente are isqued throug	h EET 45 days from invoice receipt. Contractors requesting a	accelerated payments must identify
man () December 1 instead within 10 days 0/ DDD	Daymant recitor within 1	5 days % PPD Payment issued within 20 days 70 in	D, I dylliont loodod attains of days
W DDD If DDD nercentages are left blank identify reason:	▼ adree to Standard 4:	day cycle statutory/legal of reday ray monte (missize o	. 29, § 23A); only initial payment
(subsequent payments scheduled to support standard EFT 45 BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or	day payment cycle. See	Prompt Pay Discounts Policy.)	
the Charles of the Commence of the Charles of the C	antar 227 of the Acts of 21	120) The award amount is determined by a cellisus-based alic	Mation of available grant forming.
TI (nunicipality contitios that the	he funds will be used for COA activities, and will complete a	Illiai libodi Toport doodariing ior
how these grant funds were applied. All approved obligations in to be part of this agreement, are to be funded from the total arm.	neurred prior to the effective	ve date of this agreement not which payment obligations have	6 been inggered and are interiors
maximum obligation of this contract. COAs are responsible for	returning this executed co	ntract by no later than June 30, 2021.	
ANTICIPATED START DATE: (Complete ONE option only)	The Department and Cont	ractor certify for this Contract, or Contract Amendment, that	Contract obligations:
1 may be incurred as of the Effective Date (latest signature	e date below) and no obli	gations have been incurred prior to the Effective Date.	
	in the Effective Date below	w and <u>no</u> obligations have been incurred <u>prior</u> to the Ellection	urred prior to the Effective Date are
3. were incurred as of <u>JULY 1</u> , 20 20, a date PRIOR to authorized to be made either as settlement nayments or	as authorized reimbursen	nent navments, and that the details and circumstances of air	Obligations under the contract are
attached and incorporated into this Contract. Acceptance	e of payments forever rele	eases the Commonwealth from lurther claims related to thes	e obligations.
a course see gars page of the development of the see of	to 00 of HIME 20 20 2	4 with no new obligations being incurred after this date unles	ss the Contract is properly amended,
provided that the terms of this Contract and performance exp negotiated terms and warranties, to allow any close out or tra	actatione and onligations	chall chiving its lengthallon for the bulbook of teodiving any	diditit of diopertol in completing
negotiated terms and warranties, to allow any close out of tra	isition penomanee, repe	"Ffeetive Date" of this Contract or Amendment shall be	the latest date that this Contract of
<u>CERTIFICATIONS</u> : Notwithstanding verbal or other represe Amendment has been executed by an authorized signatory	of the Contractor the Lief	Samment of a later Commisci of Americanism Oldit Date Spec	dilica aporo, oabjoor to arri
I TI O deside a different back thou have accorded to	nd rouinwood all document	s incornorated by reference as electronically bublished diffusi	ne Contractor marco an contractorio
required under the Standard Contract Form Instructions and Cupon request to support compliance, and agrees that all term	ontractor Cartifications III	nder the nains and henalites ()) Deficity, allo juilled addees to	provide any required accommentation
the state of the s	odonce the applicable (ommonwealth Terms and Conditions, this Standard Contract	A FUIII, the Standard Contract i on
I	DANAPOR (DED) or other	colicitation the Contractor's Response textulully ally lail	idiade stricker by a population as
unacceptable, and additional negotiated terms, provided that made using the process outlined in 801 CMR 21.07, incorpor	additional paratisted tern	ne will take precedence over the relevant terms in the DLD a	illy the contractor a reapprise and
made using the process outlined in 801 CMR 21.07, incorpor	ateu nerein, provided tria	any amended in it of itespende terms result in sections,	
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:		AUTHORIZING SIGNATURE FOR THE COMMONWI	EALTH:
x: slevitum mitsi) Seilen Pate:	2/3/2001	x: Teamy onny	Sate: 3-11-d
(Signature and Date Must Be Handwritten At Tin	ne of Signature)	(Signature and Date Must Be Handwritte	At Time of Signature)
Print Name: Hather Martin Ster	ling	Print Name: Pegg Connect	A counting
Print Title: TOWN AMMINISTRATE	20	Print Title:	The state of
		and cont	

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:

ntups://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.	mass.gov/lists/osd-torms.		
CONTRACTOR LEGAL NAME: TOWN OF BERLIN (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 23 LINDEN ST STE 8 BERLIN, MA 01503-1669		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: VICTORIA FLYNN	Phone: 978-838-2750	Billing Address (if different):		
E-Mail: coadirector@townofberlin.com	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191720		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD_001.		MMARS Doc ID(s): FY21COABERLIN0000000		
(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		
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date <u>Prior</u> to Amendment:		
Statewide Contract (OSD or an OSD-designated Departm	ent)	Enter Amendment Amount: \$ (or "no change	")	
Collective Purchase (Attach OSD approval, scope, budge	t)	AMENDMENT TYPE: (Check one option only. Attach d		
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 upda		
Emergency Contract (Attach justification for emergency, s	cope, budget)	Interim Contract (Attach justification for Interim Contract Contract Employee (Attach any updates to scope or better the contract Employee).		
Contract Employee (Attach Employment Status Form, sco ✓ Other Procurement Exception (Attach authorizing langua	ne, budget)	Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception justification, s	scope and budget)	scope and budget)	iguago ja sanoa ao mana a paatea	
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 foon):Commonwealth T	llowing Commonwealth Terms and Conditions document Ferms and Conditions ✓ Commonwealth Terms and Condition	ntare incorporated by reference ons For Human and Social	
COMPENSATION: (Check ONE option): The Department cert	ifies that payments for au	thorized performance accepted in accordance with the terms	of this Contract will be supported	
in the state accounting system by sufficient appropriations or c	ther non-appropriated fun	ds, subject to intercept for Commonwealth owed debts unde	er 815 CMR 9.00.	
Rate Contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum oblig				
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth paidentify a PPD as follows: Payment issued within 10 days9	syments are issued through	ugh EFT 45 days from invoice receipt. Contractors reques	sting accelerated payments must	
days% PPD. If PPD percentages are left blank, identify re	eason: _	ndard 45 day cycle statutory/legal or Ready Payments (I	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 n	nunicipality certifies that th	e funds will be used for COA activities, and will complete a f	inal fiscal report accounting for	
how these grant funds were applied. All approved obligations in				
to be part of this agreement, are to be funded from the total am maximum obligation of this contract. COAs are responsible for r			e treated as the sole invoice for the	
ANTICIPATED START DATE: (Complete ONE option only) T			Contract obligations:	
1. may be incurred as of the Effective Date (latest signature	date below) and <u>no</u> oblig	gations have been incurred prior to the Effective Date.		
, 20, a date LATER than	the Effective Date below	v and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
✓ 3. were incurred as of <u>JULY 1</u> , 20 <u>20</u> , a date PRIOR to t				
		ent payments, and that the details and circumstances of all c ases the Commonwealth from further claims related to these		
CONTRACT END DATE: Contract performance shall termin	ate as of JUNE 30	20 21, with no new obligations being incurred after this da	te unless the Contract is properly	
amended, provided that the terms of this Contract and perform	nance 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 per	formance, reporting, invoicing or final payments, or during	any lapse between amendments.	
CERTIFICATIONS: Notwithstanding verbal or other represent	ations by the parties, the	"Effective Date" of this Contract or Amendment shall be the	ne latest date that this Contract or	
Amendment has been executed by an authorized signatory of approvals. The Contractor certifies that they have accessed	the Contractor, the Depail d and reviewed all doct	rtment, or a later Contract or Amendment Start Date specific Iments incorporated by reference as electronically publis	hed and the Contractor makes all	
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 FormInstructions 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 o				
incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, he Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricker				
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 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, It			relevant terms in the RFR and the	
contractor's Response only it made using the process outlined costs, or a more cost effective Contract.	I in 801 CMR 21.07, incor	porated herein, provided that any amended RFR or Respons	se terms result in best value, lower	
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	i	AUTHORIZING SIGNATURE FOR THE COMMONWEA	LTH:	
0	2/8/2021	1000000	te: 3-11-2/	
X:	of Signature)	(Signature and Date Must Be Handwritten		
Print Name: Victoria Flynn.		Print Name: Peggy (Onnee)	Y	
Print Title: COA DIVECTOR .		Print Title: Diverton of A	triogisting "	
	(Updated 6/30	(20) Page 1 of 1	actim	

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.	
CONTRACTOR LEGAL NAME: TOWN OF BERNARDSTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): PO BOX 504 BERNARDSTON, MA 01337-0504		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: HAYLEY BOLTON	Phone: 413-648-5413	Billing Address (if different):	
E-Mail: coa@townofbernardston.org	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191722		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COABERNARDSTON00	
(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 Statewide Contract (OSD or an OSD-designated Departm Collective Purchase (Attach OSD approval, scope, budge) Department Procurement (includes all Grants - 815 CMR) Notice or RFR, and Response or other procurement support Emergency Contract (Attach justification for emergency, s	ent) t) 2.00) (Solicitation orting documentation)	CONTRACT AMEND Enter Current Contract End Date <u>Prior</u> to Amendment: Enter Amendment Amount: \$ (or "no change AMENDMENT TYPE: (Check one option only. Attach o Amendment to Date, Scope or Budget (Attach upda Interim Contract (Attach justification for Interim Contr	, 20 details of amendment changes.) sted scope and budget) act and updated scope/budget)
Contract Employee (Attach Employment Status Form, scop ✓ Other Procurement Exception (Attach authorizing language specific exemption or earmark, and exception justification, s	oe, budget) ge, legislation with	Contract Employee (Attach any updates to scope or 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 opti Services Commonwealth IT Terms and Conditions	Certifications and the fo	ollowing 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 cert in the state accounting system by sufficient appropriations or compensation. Attach details of Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum obligation.	ther non-appropriated fur all rates, units, calculation	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.)
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% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 48 days% PPD; Payment issued within 20 days% PPD; Payment issued within 49 days% PPD; Payment issued within 40 da			,% PPD; Payment issued within 30 (M.G.L. c. 29, § 23A); only initial the Councils on Aging of the cocation of available grant funding, final fiscal report accounting for the been triggered) and are intended
maximum obligation of this contract. COAs are responsible for ANTICIPATED START DATE: (Complete ONE option only) T	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 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:		
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 representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contractor. 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 req approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor mak certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any red documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attach incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language str 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 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 FØR THE COMMONWEALTH: X: Date:			ied above, subject to any required shed and the Contractor makes all ther agrees to provide any required in Massachusetts are attached or in the Standard Contract Form, the e (excluding any language stricken relevant terms in the RFR and the inse terms result in best value, lower that:

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

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https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.r			
CONTRACTOR LEGAL NAME: CITY OF BEVERLY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 191 CABOT ST BEVERLY, MA 01915-5849		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: MARYANN HOLAK	Phone: 978-921-6017	Billing Address (if different):		
E-Mail: mholak@beverlyma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192074		E-Mail: STACEY,OCONNELL@MASS,GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COABEVERLY000000		
(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 optionStatewide Contract (OSD or an OSD-designated DepartmCollective Purchase (Attach OSD approval, scope, budgeDepartment Procurement (includes all Grants - 815 CMR	ent) t) 2.00) (Solicitation	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)		
Notice or RFR, and Response or other procurement supp Emergency Contract (Attach justification for emergency, s Contract Employee (Attach Employment Status Form, sco Other Procurement Exception (Attach authorizing langua specific exemption or earmark, and exception justification, s	orting documentation) cope, budget) pe, budget) ge, legislation with scope and budget)	Interim Contract (Attach justification for Interim Contract Employee (Attach any updates to scope or Other Procurement Exception (Attach authorizing la scope and budget)	budget) anguage/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 foon):Commonwealth T	Ferms and Conditions ✓ Commonwealth Terms and Condit	ions For Human and Social	
COMPENSATION: (Check ONE option): The Department cert	other non-appropriated fur f all rates, units, calculatio	thorized performance accepted in accordance with the terms of this Contract will be supported ands, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. Ins., conditions or terms and any changes if rates or terms are being amended.) If this contract (or new total if Contract is being amended). \$ 98,268.00.		
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payme identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 20 days% PPD; Payment issued within 15 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);or 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 further 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 account 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 in the 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 invoided invoided from the total amount awarded under this agreement. This contract, once executed by both parties, will be treated as the sole invoided from the total amount awarded under this agreement. This contract, once executed by both parties, will be treated as the sole invoided from the total amount awarded under this agreement.			// PPD; Paynett issued within 30 (M.G.L. c. 29, § 23A); only initial the Councils on Aging of the ocation of available grant funding. final fiscal report accounting for we been triggered) and are intended be treated as the sole invoice for the	
maximum obligation of this contract. COAs are responsible for ANTICIPATED START DATE: (Complete ONE option only)	The Department and Cont e date below) and <u>no</u> obli n the Effective Date below, the Effective Date below, as authorized reimbursen	ractor certify for this Contract, or Contract Amendment, that gations have been incurred <u>prior</u> to the Effective Date. wand no obligations have been incurred prior to the Effecti	ve Date. curred prior to the Effective Date are Lobligations under this Contract are	
CONTRACT END DATE: Contract performance shall terminamended, 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> , mance expectations and close out or transition pe	20 <u>21,</u> with no new obligations being incurred after this d obligations shall survive its termination for the purpose o formance, reporting, invoicing or final payments, or durin	late unless the Contract is properly fresolving 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 shall be the latest date that this Contractor Amendment shall be the latest date that this Contractor Amendment shall be the latest date that this Contractor Amendment shall be the latest date that this Contractor Amendment shall be the latest date that this Contractor Certifications that the pains and penalties of perjury and further agrees to provide any reconstructions required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any reconstructions and penalties of perjury, and further agrees to provide any reconstructions and penalties of perjury, and further agrees to provide any reconstructions and penalties of perjury, and further agrees to provide any reconstructions and penalties of perjury, and further agrees to provide any reconstructions and penalties of perjury, and further agrees to provide any reconstructions and penalties of perjury, and further agrees to provide any reconstructions and penalties of perjury, and further agrees to provide any reconstructions and penalties of perjury, and further agrees to provide any reconstructions and penalties of perjury, and further agrees to provide any reconstructions and penalties of perjury, and further agrees to provide any reconstructions and penalties of perjury, and further agrees to provide any reconstructions and penalties of perjury, and further agrees to provide any reconstructions and penalties of perjury, and further agrees to provide any reconstructions and penalties of perjury, and further agrees to provide any reconstructions and penalties of perjury, and further agrees to provide any reconstructions and penalties of penjury, and further agrees to provide any reconstructions and penalties of penjury, and furth			ined above, subject to any required is hed and the Contractor makes all rither agrees to provide any required is in Massachusetts are attached or ons, this Standard Contract Form, he 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

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mups.//www.macomproner.org/lorns. Forms are also posted at	The sum of	TESSIGOVIIISEIOSG TOTTE:	
CONTRACTOR LEGAL NAME: TOWN OF BILLERICA (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): PO BOX 596 BILLERICA, MA 01821-0596		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: JEAN BUSHNELL	Phone: 978-671-0916	Billing Address (if different):	
E-Mail: jbushnell@town.billerica.ma.us	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191723		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COABILLERICA0000	
(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		CONTRACT AMEND	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date Prior to Amendment	
Statewide Contract (OSD or an OSD-designated Departm		Enter Amendment Amount: \$ (or "no change	
Collective Purchase (Attach OSD approval, scope, budge		AMENDMENT TYPE: (Check one option only. Attach o	
— Department Procurement (includes all Grants - 815 CMR Notice or RFR, and Response or other procurement supp		Amendment to Date, Scope or Budget (Attach upda Interim Contract (Attach justification for Interim Contr	
Emergency Contract (Attach justification for emergency, s	cope, budget)	Contract Employee (Attach any updates to scope or	
Contract Employee (Attach Employment Status Form, sco ✓ Other Procurement Exception (Attach authorizing langua		Other Procurement Exception (Attach authorizing la	
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	Certifications and the foon): Commonwealth	llowing Commonwealth Terms and Conditions docume Ferms and Conditions <u>√</u> Commonwealth Terms and Conditi	nt are incorporated by reference ions For Human and Social
COMPENSATION: (Check ONE option): The Department ceri in the state accounting system by sufficient appropriations or a Rate Contract. (No Maximum Obligation) Attach details or	other non-appropriated fur fall rates, units, calculatio	nds, subject to intercept for Commonwealth owed debts und ns, conditions or terms and any changes if rates or terms ar	er 815 CMR 9.00. e being amended.)
✓ Maximum Obligation Contract. Enter total maximum obli	gation for total duration of	this contract (or new total if Contract is being amended). \$	<u>87,144.00.</u>
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 % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 4 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.) 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			, % PPD; Payment issued within 30 (M.G.L. c. 29, § 23A); only initial he Councils on Aging of the ocation of available grant funding.
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 am maximum obligation of this contract. COAs are responsible for	nunicipality certifies that the ncurred prior to the effective ount awarded under this a returning this executed co	ne funds will be used for COA activities, and will complete a ve date of this agreement (for which payment obligations hav agreement. This contract, once executed by both parties, will ntract by no later than June 30, 2021.	final fiscal report accounting for rebeen triggered) and are intended be treated as the sole invoice for the
ANTICIPATED START DATE: (Complete ONE option only)			Contract obligations:
1. may be incurred as of the Effective Date (latest signature	e date below) and <u>no</u> obli	gations have been incurred <u>prior</u> to the Effective Date.	vo Date
attached and incorporated into this Contract. Acceptance	the Effective Date below, as authorized reimbursen e of payments forever rele	and the parties agree that payments for any obligations inco pent payments, and that the details and circumstances of all pases the Commonwealth from further claims related to thes	urred prior to the Effective Date are lobligations under this Contract are se 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	fresolving any claim or dispute, for
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 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 req approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor mak certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any red documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attach incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract For Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language str 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 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.			ied 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, he e (excluding any language stricken in relevant terms in the RFR and the
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:		AUTHORIZING SIGNATURE FOR THE COMMONWE	ALTH:
X: Date: Date: Date:	e of/Signature)	X: Scale Greater . Date: 2/8/202/ (Signature and Date Must Be Handwritten At Time of Signature)	
Print Name: JOHN CI CURRAN.		Print Name: (lacked Goldster	∽ .
Print Title: TUWN MANAGER.		Print Title:	

4/2

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.	.mass.gov/iists/osd-torms.	
CONTRACTOR LEGAL NAME: TOWN OF BLACKSTONE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 15 ST. PAUL STREET BLACKSTONE, MA 01504-2276		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: LAURIE KEEFE	Phone: 508-876-5135	Billing Address (if different):	
E-Mail: lkeefe@townofblackstone.org	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191724		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COABLACKSTONE000	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	140C-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 <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)	
The Standard Contract Form Instructions and Contractor C into this Contract and are legally binding: (Check ONE option Services Commonwealth IT Terms and Conditions			
COMPENSATION: (Check ONE option): The Department certiin the state accounting systemby sufficient appropriations or o Rate Contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum oblig	ther non-appropriated fun all rates, units, calculatio	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 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 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.) 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			% PPD; Payment issued within 30 M.G.L. c. 29, § 23A); only initial e Councils on Aging of the
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 amo maximum obligation of this contract. COAs are responsible form	nunicipality certifies that the neurred prior to the effective ount awarded under this a eturning this executed con	ne funds will be used for COA activities, and will complete a fi ve date of this agreement (for which payment obligations have agreement. This contract, once executed by both parties, will b ntract by no later than June 30, 2021.	inal fiscal report accounting for e been triggered) and are intended be treated as the sole invoice for the
ANTICIPATED START DATE: (Complete ONE option only) To			ontract obligations:
1. may be incurred as of the Effective Date (latest signature 2. may be incurred as of, 20, a date LATER than			e Date.
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		rred prior to the Effective Date are obligations under this Contract are
amended, provided that the terms of this Contract and perform	CONTRACT END DATE: Contract performance shall terminate as of <u>JUNE 30</u> , 20 <u>21</u> , 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, 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		
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 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 req approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor mal certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any red documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attact incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract For Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stops a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR are 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: AUTHORIZING SIGNATURE FOR THE COMMONWEA			ed above, subject to any required hed and the Contractor makes all her agrees to provide any required in Massachusetts are attached or s, this Standard Contract Form, the (excluding any language stricken relevant terms in the RFR and the se terms result in best value, lower LTH:
(Signature and Date Must Be Handwritten At Time of Signature) Print Name: SALUKONI'S. Print Title: ACTIVIC TOWN ADM.		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 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.maccmotroller.org/forms. Forms are also posted at OSD Forms: https://www.maccmotroller.org/forms. Forms are also posted at OSD Forms: https://www.maccmotroller.org/forms.

https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www	.mass.gov/lists/osd-forms.		
CONTRACTOR LEGAL NAME: CITY OF BOSTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4):1 CITY HALL AVE BOSTON, MA 02108-4309		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: EMILY SHEA	Phone: 617-635-4375	Billing Address (if different):		
E-Mail: melissa.carlson@boston.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192075		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COABOSTON0000000	CANADA N. MACAMATA STANDA	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040	-1040 C-1040L-57550	
XNEW CONTRACT PROCUREMENT OR 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)Cother 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 fo		Enter Current Contract End Date Prior to Amendmen Enter Amendment Amount: \$ (or "no char AMENDMENT TYPE: (Check one option only. Attac Amendment to Date, Scope or Budget (Attach up Interim Contract (Attach justification for Interim Co Contract Employee (Attach any updates to scope Other Procurement Exception (Attach authorizing scope and budget)	CONTRACT AMENDMENT Enter Current Contract End 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) Blowing Commonwealth Terms and Conditions document are incorporated by reference	
Services Commonwealth IT Terms and Conditions COMPENSATION: (Check ONE option): The Department cert in the state accounting system by sufficient appropriations or one Rate Contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum	ther non-appropriated fur all rates, units, calculatic ation for total duration or yments are issued thro PPD; Payment issued wason:agree to sta	nds, subject to intercept for Commonwealth owed debts upons, conditions or terms and any changes if rates or terms of this contract (or <i>new</i> total if Contract is being amended). ugh EFT 45 days from invoice receipt. Contractors requithin 15 days % PPD; Payment issued within 20 days and and 45 day cycle statutory/legal or Ready Payment	nder 815 CMR 9.00. are being amended.) \$ 1,056,840.00. uesting accelerated payments must % PPD: Payment issued within 30	
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or F 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 ama maximum obligation of this contract. COAs are responsible for	EASON FOR AMENDM pter 227 of the Acts of 20 unicipality certifies that th curred prior to the effecti- bunt awarded under this a eturning this executed co	ENT: This contract is to distribute a formula grant award to 020. The award amount is determined by a census-based a ne funds will be used for COA activities, and will complete we date of this agreement (for which payment obligations harderement. This contract, once executed by both parties, wintract 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) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:				
amended, provided that the terms of this Contract and perform completing any negotiated terms and warranties, to allow any of the CERTIFICATIONS: Notwithstanding verbal or other represent Amendment has been executed by an authorized signatory of the approvals. The Contractor certifies that they have accessed certifications required under the Standard Contract Form Instructions required under the Standard Contract Form Instructions and contractor Certification 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.	elose out or transition per ations by the parties, the he Contractor, the Depa d and reviewed all docu- ctions and Contractor Co- trees that all terms gover archy of document precesors, the Request for Res d terms, provided that a	"Effective Date" of this Contract or Amendment shall b rtment, or a later Contract or Amendment Start Date specuments incorporated by reference as electronically publifications under the pains and penalties of perjury, and ferning performance of this Contract and doing businesedence, the applicable Commonwealth Terms and Conditions (RFR) or other solicitation, the Contractor's Responsed (RFR) provided that any amended RFR or Responsated herein, provided that any amended RFR or Responsations.	ng any lapse between amendments. e the latest date that this Contract or ciffed above, subject to any required allished 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 are relevant terms in the RFR and the onse terms result in best value, lower	
AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X:		AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: Level July Date: 28 202 ((Signature and Date Must Be Handwritten At Time of Signature) Print Name: Level Goldstein. Print Title: Goldstein.		

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| Provide the Commonwealth of the Commonweal

nttps://www.macomptroller.org/forms. Forms are also posted at	OSD FOITIS. https://www.	mass.gov/iisis/osu-ioms.	
CONTRACTOR LEGAL NAME: TOWN OF BOURNE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 24 PERRY AVE BUZZARDS BAY, MA 02532-3441		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: DEBORA OLIVIERE	Phone: 508-759-0600	Billing Address (if different):	
E-Mail: doliviere@townofbourne.com	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191727		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COABOURNE0000000	
(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		CONTRACT AMEND Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u>
Statewide Contract (OSD or an OSD-designated Departm Collective Purchase (Attach OSD approval, scope, budge	ent)	Enter Amendment Amount: \$ (or "no change AMENDMENT TYPE: (Check one option only. Attach or	
Department Procurement (includes all Grants - 815 CMR	2.00) (Solicitation	Amendment to Date, Scope or Budget (Attach upda	
Notice or RFR, and Response or other procurement supp	orting documentation)	Interim Contract (Attach justification for Interim Contr	act 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	
✓ Other Procurement Exception (Attach authorizing langua)	ge, legislation with	Other Procurement Exception (Attach authorizing la scope and budget)	ng uage/justification and updated
specific exemption or earmark, and exception justification, The Standard Contract Form Instructions and Contractor		* * *	nt are incorporated by reference
into this Contract and are legally binding: (Check ONE opt Services Commonwealth IT Terms and Conditions	ion): Commonwealth	Terms and Conditions <u>~</u> Commonwealth Terms and Conditi	ions For Human and Social
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	other non-appropriated fur fall rates, units, calculation	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. re being amended.)
Maximum Obligation Contract. Enter total maximum obli	gation for total duration of	f this contract (or <i>new</i> total if Contract is being amended). \$	61,992.00.
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 r payment (subsequent payments scheduled to support standard)	%PPD; Payment issued w eason: <u>✓</u> agree to sta	rithin 15 days % PPD; Payment issued within 20 days ndard 45 day cycle statutory/legal or Ready Payments (% PPD; Payment issued within 30
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 it to be part of this agreement, are to be funded from the total am maximum obligation of this contract. COAs are responsible for	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 fundir. 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 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.		
ANTICIPATED START DATE: (Complete ONE option only) 1. may be incurred as of the Effective Date (latest signature)			Contract obligations:
2. may be incurred as of, 20, a date LATER tha	n the Effective Date below	w and <u>no</u> obligations have been incurred <u>prior</u> to the Effectiv	
3. were incurred as of <u>JULY 1</u> , 20 20 , a date PRIOR to authorized to be made either as settlement payments or attached and incorporated into this Contract. Acceptance	as authorized reimbursen	and the parties agree that payments for any obligations inco ment payments, and that the details and circumstances of all eases the Commonwealth from further claims related to thes	obligations under this Contract are
CONTRACT END DATE: Contract performance shall termin	nate as of _JUNE 30_,	20 21, with no new obligations being incurred after this da	ate unless the Contract is properly
amended, provided that the terms of this Contract and perfor completing any negotiated terms and warranties, to allow any	close out or transition pe	rformance, reporting, invoicing or final payments, or during	any lapse between amendments.
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract 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 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 Instructions and 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 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, locosts, or a more cost effective Contract AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: (Signature and Date Must Be Handwritten At Time, of Signature) Print Name: Print Title: (Signature and Date Must Be Handwritten At Time of Signature)			ied 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, he e (excluding any language stricken relevant terms in the RFR and the nse terms result in best value, lower ALTH:
		and Innue	ACTIVI -

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

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https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www	/.mass.gov/lists/osd-forms.	re parameter ionia de onte i onia
CONTRACTOR LEGAL NAME: TOWN OF BOXBOROUGH (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 29 MIDDLE RD BOXBOROUGH, MA 01719-1430	o	Business Mailing Address: 1 ASHBURTON PL BOST	ΓΟΝ, MA 02108
Contract Manager: LAUREN ABRAHAM	Phone: 978-264-1700	Billing Address (if different):	
E-Mail: labraham@boxborough.ma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191728		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COABOXBOROUGH000	(Assessment)
(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	A SAN COLONIA CONTRACTOR OF THE COLONIA COLONI
PROCUREMENT OR EXCEPTION TYPE: (Check one option	7.5	Enter Current Contract End Date Prior to Amendment:	, 20 <u>.</u>
Statewide Contract (OSD or an OSD-designated Department Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes all Grants - 815 CMR 2 Notice or RFR, and Response or other procurement suppo Emergency Contract (Attach justification for emergency, sco Contract Employee (Attach Employment Status Form, scop ✓ Other Procurement Exception (Attach authorizing language specific exemption or earmark, and exception justification, sco	t) ´ 2.00) (Solicitation orting documentation) cope, budget) pe, budget) ge, legislation with scope and budget)	Enter Amendment Amount: \$ (or "no change" AMENDMENT TYPE: (Check one option only. Attach doAmendment to Date, Scope or Budget (Attach updateInterim Contract (Attach justification for Interim ContractContract Employee (Attach any updates to scope or bOther Procurement Exception (Attach authorizing land scope and budget)	letails of amendment changes.) ted scope and budget) act and updated scope/budget) budget) udget) nguage/justification and updated
The Standard Contract Form Instructions and Contractor C into this Contract and are legally binding: (Check ONE optio Services Commonwealth IT Terms and Conditions	Certifications and the foon): Commonwealth T	ollowing Commonwealth Terms and Conditions document Terms and Conditions ✓ Commonwealth Terms and Condition	ons For Human and Social
COMPENSATION: (Check ONE option): The Department certifing the state accounting system by sufficient appropriations or of a Rate Contract. (No Maximum Obligation) Attach details of a Maximum Obligation Contract. Enter total maximum obligation PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payidentify a PPD as follows: Payment issued within 10 days% days% PPD. If PPD percentages are left blank, identify reapayment (subsequent payments scheduled to support standars)	ther non-appropriated fun all rates, units, calculation lation for total duration of hyments are issued through PPD; Payment issued with lason: ✓ agree to stan	nds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms are f this contract (or <i>new</i> total if Contract is being amended). \$ 8 years are supplied by the contractors request within 15 days % PPD; Payment issued within 20 days % ndard 45 day cycle statutory/legal or Ready Payments.	er 815 CMR 9.00. be being amended.) 8,544.00. sting accelerated payments must
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or RE municipalities of the Commonwealth, as appropriated in the Chap The performance period for this award is 7/1/20-6/30/21. The munhow these grant funds were applied. All approved obligations into be part of this agreement, are to be funded from the total amount maximum obligation of this contract. COAs are responsible forre	EASON FOR AMENDME pter 227 of the Acts of 20 unicipality certifies that th curred prior to the effective ount awarded under this ag eturning this executed con	ENT: This contract is to distribute a formula grant award to the 020. The award amount is determined by a census-based alloc the funds will be used for COA activities, and will complete a fir we date of this agreement (for which payment obligations have agreement. This contract, once executed by both parties, will be ontract by no later than June 30, 2021.	cation of available grant funding. nal fiscal report accounting for been triggered) and are intended e treated as the sole invoice for he
ANTICIPATED START DATE: (Complete ONE option only) Th	e Department and Contr	actor certify for this Contract, or Contract Amendment, that Co	ontract obligations:
attached and incorporated into this Contract. Acceptance of	the Effective Date below ne Effective Date below, a s authorized reimburseme of payments forever relea	wand <u>no</u> obligations have been incurred <u>prior</u> to the Effective and the parties agree that payments for any obligations incurr ent payments, and that the details and circumstances of all of eases the Commonwealth from further claims related to these o	red prior to the Effective Date are bligations under this Contract are obligations.
CONTRACT END DATE: Contract performance shall terminal amended, provided that the terms of this Contract and performa completing any negotiated terms and warranties, to allow any close.	ate as of <u>JUNE 30</u> , 2 ance expectations and c lose out or transition perfo	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 claim or dispute, for any lapse between amendments.
CERTIFICATIONS: Notwithstanding verbal or other represental Amendment has been executed by an authorized signatory of the approvals. The Contractor certifies that they have accessed certifications required under the Standard Contract Form Instruct documentation upon request to support compliance, and agrincorporated by reference herein according to the following hiera Standard Contract Form Instructions and Contractor Certification by a Department as unacceptable, and additional negotiated Contractor's Response only if made using the process outlined in costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	ne Contractor, the Depart I and reviewed all doculy itions and Contractor Cer rees that all terms gover archy of document precer ns, the Request for Respond I terms provided that are	rtment, or a later Contract or Amendment Start Date specified unents incorporated by reference as electronically published infifications under the pains and penalties of perjury, and further entire pains and penalties of perjury, and further entire performance of this Contract and doing business in edence, the applicable Commonwealth Terms and Conditions, conse (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	d above, subject to any required and the Contractor makes all er agrees to provide any required in Massachusetts are attached or this Standard Contract Form, the (excluding any language stricken elevant terms in the RFR and the eterms result in best value, lower
X:		X: (Signature and Date Must Be Handwritten At Time of Signature) Print Name: Print Title:	

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

and Contracting ()

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.

https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.n	nass.gov/lists/osd-forms.		
CONTRACTOR LEGAL NAME: TOWN OF BOXFORD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 28 MIDDLETON RD BOXFORD, MA 01921-2336		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: PAM BLAQUIERE	Phone: 978-887-3591	Billing Address (if different):		
E-Mail: pblaquiere@town.boxford.ma.us	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191730		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COABOXFORD00000		
(Note: The Address ID must be set up for EFT payments.)	İ	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 specific exemption or earmark, and exception justification, scope and budget)		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)		
The Standard Contract Form Instructions and Contractor into this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions	on):Commonwealth T	Ferms and Conditions Conditions	ions For Human and Social	
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. Rate 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). \$\frac{18,732.00}{2000}. PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days				
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 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) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: 1. may be incurred as of the Effective Date (latest signature date below) and <u>no</u> obligations have been incurred <u>prior</u> to the Effective Date. 2. 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. ✓3. were incurred as of <u>JULY 1</u> , 20 <u>20</u> , a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.				
CONTRACT END DATE: Contract performance shall terminate as ofJUNE 30, 20_21, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.				
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract 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 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 Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricks 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 rective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: Signature and Date Must Be Handwritten At Time of Signature) Print Name: Print Title:				

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CONTRACTOR LEGAL NAME: TOWN OF BOYLSTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 221 MAIN ST BOYLSTON, MA 01505-2037		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: April Steward	Phone: 508-869-6022	Billing Address (if different):	
E-Mail: coa@boylston-ma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191731		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COABOYLSTON00000	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-104	40C-1040L-57550
XNEW CONTRACT PROCUREMENT OR 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)		CONTRACT AMENDMENT Enter Current Contract End 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)	
The Standard Contract Form Instructions and Contractor C into this Contract and are legally binding: {Check ONE optio Services Commonwealth IT Terms and Conditions	ertifications and the fol n): Commonwealth T	Ilowing Commonwealth Terms and Conditions document erms and Conditions ✓ Commonwealth Terms and Condition	r are incorporated by reference ons For Human and Social
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. Rate 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). \$ 10,608.00.			r 815 CMR 9.00. being amended.)
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pay a PPD as follows: Payment issued within 10 days% PPD; 1% PPD. If PPD percentages are left blank, identify reason: _(subsequent payments scheduled to support standard EFT 45 or	Payment issued within 19agree to standard 45 day payment cycle. See F	5 days % PPD; Payment issued within 20 days % PP is day cycle statutory/legal or Ready Payments (M.G.L. c. Prompt Pay Discounts Policy.)	D; Payment issued within 30 days 29, § 23A); only initial payment
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or R municipalities of the Commonwealth, as appropriated in the Chal The performance period for this award is 7/1/20-6/30/21. The m how these grant funds were applied. All approved obligations into be part of this agreement, are to be funded from the total amon maximum obligation of this contract. COAs are responsible for responsible for response to the contract.	pter 227 of the Acts of 20 unicipality certifies that th curred prior to the effectiv unt awarded under this a eturning this executed con	20. The award amount is determined by a census-based alloce funds will be used for COA activities, and will complete a fire date of this agreement (for which payment obligations have greement. This contract, once executed by both parties, will be altract by no later than June 30, 2021.	cation of available grant funding. nal fiscal report accounting for been triggered) and are intended e treated as the sole invoice for the
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: 1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date. 2. may be incurred as of, 20, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date. 3. 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.			
CONTRACT END DATE: Contract performance shall terminate provided that the terms of this Contract and performance expect negotiated terms and warranties, to allow any close out or trans	as of <u>JUNE 30</u> , 20 21	, with no new obligations being incurred after this date unless hall survive its termination for the purpose of resolving any cl	the Contract is properly amended,
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 shall be the latest date that this 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, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: AUTHORIZING SIGNATURE FOR THE CONTRONNEALTH:			
AUTHORIZING SIGNATURE FOR THE CONTRACTOR.		AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:	

(Signature and Date Must Be Handwritten At Time of Signature)

Print Name: 🚩

(Signature and Date Must Be Handwritten At Time of Signature)

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https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.	mass.gov/lists/osd-forms.	
CONTRACTOR LEGAL NAME: TOWN OF BRAINTREE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 2 JOHN F KENNEDY MEMORIAL DR BRAINTREE, MA 02184-6425		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: SHARMILA BISWAS	Phone: 781-848-1963	Billing Address (if different):	
E-Mail: sbiswas@braintreema.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191733		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COABRAINTREE0000	
(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		e") details of amendment changes.) ated scope and budget) ract and updated scope/budget) budget) anguage/justification and updated entare incorporated by reference tions For Human and Social as of this Contract will be supported der 815 CMR 9.00. re being amended.) 96,528.00.	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments musidentify a PPD as follows: Payment issued within 10 days% PPD; Payment issued 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 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 ANTICIPATED START DATE: (Complete ONE option only)	The Department and Cone date below) and <u>no</u> oblin the Effective Date below the Effective Date below as authorized reimburser of payments forever relimate as of <u>JUNE 30</u>	tractor certify for this Contract, or Contract Amendment, that gations have been incurred <u>prior</u> to the Effective Date. w and <u>no</u> obligations have been incurred <u>prior</u> to the Effecti, and the parties agree that payments for any obligations incurred prior and that the details and circumstances of all eases the Commonwealth from further claims related to the commonwealth from further claims related to the commonwealth states that the details are commonwealth from further claims related to the commonwealth states that the commonwealth from further claims related to the common shall survive its termination for the purpose of	eve Date, curred prior to the Effective Date are ill obligations under this Contract are se obligations. late unless the Contract is properly of resolving any claimor dispute, for
CERTIFICATIONS: Notwithstanding verbal or other represer 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 and Contract Form Instructions and Contractor Certification and Certification and Contractor Certification and Contractor Certification and Certific	the Contractor, the Depart and reviewed all docuctions and Contractor Congrees that all terms governarchy of document precitions, the Request for Related terms, provided that din 801 CMR 21.07, incompared to the conference of Signature)	artment, or a later Contract or Amendment Start Date speci- cuments incorporated by reference as electronically publications under the pains and penalties of perjury, and fu- terning performance of this Contract and doing busines bedence, the applicable Commonwealth Terms and Conditional (RFR) or other solicitation, the Contractor's Response (RFR) or other solicitation, the Contractor's Response additional negotiated terms will take precedence over the proporated herein, provided that any amended RFR or Response AUTHORIZING SIGNATURE FOR THE COMMONWE	fied 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:

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https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.	mass.gov/lists/osd-forms.		
CONTRACTOR LEGAL NAME: TOWN OF BREWSTER		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS		
(and d/b/a):		MMARS Department Code:		
Legal Address: (W-9, W-4): 2198 MAIN ST BREWSTER, MA 02631-1852		Business Mailing Address: 1 ASHBURTON PL BOST	ON, MA 02108	
Contract Manager: DENISE REGO	Phone: 508-896-2737	Billing Address (if different):		
E-Mail: drego@town.brewster.ma.us	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191734		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.	0	MMARS Doc ID(s): FY21COABREWSTER00000	9	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-104	40C-1040L-57550	
X NEW CONTRACT		CONTRACT AMEND	Marie Marie and	
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date Prior to Amendment:		
Statewide Contract (OSD or an OSD-designated Departme		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scope, budget)	AMENDMENT TYPE: (Check one option only. Attach de	470 (170)	
Department Procurement (includes all Grants - 815 CMR 2 Notice or RFR, and Response or other procurement support		Amendment to Date, Scope or Budget (Attach update		
Emergency Contract (Attach justification for emergency, so		Interim Contract (Attach justification for Interim Contra		
Contract Employee (Attach Employment Status Form, sco		Contract Employee (Attach any updates to scope or but Other Procurement Exception (Attach authorizing land)		
Other Procurement Exception (Attach authorizing languag specific exemption or earmark, and exception justification, s		scope and budget)	guago/justinoute/r and apadica	
The Standard Contract Form Instructions and Contractor C into this Contract and are legally binding: (Check ONE option Services Commonwealth IT Terms and Conditions	ertifications and the fol on): Commonwealth T	erms and Conditions <u><</u> Commonwealth Terms and Conditio	ns For Human and Social	
COMPENSATION: (Check ONE option): The Department certing the state accounting system by sufficient appropriations or or Rate Contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum obligation	ther non-appropriated fun- all rates, units, calculation	ds, subject to intercept for Commonwealth owed debts under ns, conditions or terms and any changes if rates or terms are	r 815 CMR 9.00. 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 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 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 Contr	actor certify for this Contract, or Contract Amendment, that C	Contract obligations:	
1. may be incurred as of the Effective Date (latest signature	date below) and no oblig	ations have been incurred <u>prior</u> to the Effective Date.		
2. may be incurred as of, 20, a date LATER than	he Effective Date below, as authorized reimbursem		rred prior to the Effective Date are obligations under this Contract are	
CONTRACT END DATE: Contract performance shall terminate as of <u>JUNE 30</u> , 20 <u>21</u> , with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.				
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor 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, the 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 in 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 COMMONWEALTH:				
		X:		

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CONTRACTOR LEGAL NAME: TOWN OF BRIDGEWATER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 64 CENTRAL SQ BRIDGEWATER, MA 02324-2550		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: EMILY WILLIAMS	Phone: 508-697-0929	Billing Address (if different):		
E-Mail: ewilliams@bridgewaterma.org	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191735		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COABRIDGEWATER00		
(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		CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date Prior to Amendment		
Statewide Contract (OSD or an OSD-designated Departm	ent)	Enter Amendment Amount: \$ (or "no change	7)	
Collective Purchase (Attach OSD approval, scope, budge	t)	AMENDMENT TYPE: (Check one option only. Attach o		
 Department Procurement (includes all Grants - 815 CMR). Notice or RFR, and Response or other procurement support 		Amendment to Date, Scope or Budget (Attach upda		
Emergency Contract (Attach justification for emergency, s	cope, budget)	Interim Contract (Attach justification for Interim Contr Contract Employee (Attach any updates to scope or		
Contract Employee (Attach Employment Status Form, scop		Other Procurement Exception (Attach authorizing la		
Other Procurement Exception (Attach authorizing language specific exemption or earmark, and exception justification, s		scope and budget)	ngatig o judanosi ani a apatana	
The Standard Contract Form Instructions and Contractor Cinto this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions	Certifications and the foon): Commonwealth	ollowing Commonwealth Terms and Conditions docume Terms and Conditions <u>✓</u> Commonwealth Terms and Conditions	nt are incorporated by reference ons For Human and Social	
COMPENSATION: (Check ONE option): The Department cert	ifies that payments for au	thorized performance accepted in accordance with the terms	s of this Contract will be supported	
in the state accounting system by sufficient appropriations or of	ther non-appropriated fur	nds, subject to intercept for Commonwealth owed debts und	er 815 CMR 9.00.	
Rate Contract. (No Maximum Obligation) Attach details of ✓ Maximum Obligation Contract. Enter total maximum oblig	all rates, units, calculation of	ns, conditions or terms and any changes if rates or terms are this contract (or new total if Contract is being amended). \$	e being amended.) 49.032.00	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth paidentify a PPD as follows: Payment issued within 10 days	ayments are assued through	ugh EFT 45 days from invoice receipt. Contractors reque ithin 15 days - % PPD: Payment issued within 20 days	% PPD: Payment issued within 30	
days % PPD. If PPD percentages are left blank, identify re	eason: 🗸 agree to star	ndard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial	
payment (subsequent payments scheduled to support standa	rd EFT 45 day payment	cycle. See Prompt Pay Discounts Policy.)		
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or Fi municipalities of the Commonwealth, as appropriated in the Ch	REASON FOR AMENDMI	ENT: This contract is to distribute a formula grant award to the	ne Councils on Aging of the	
The performance period for this award is 7/1/20-6/30/21. The re	runicipality certifies that the	ne 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 in	ncurred prior to the effective	ve date of this agreement (for which payment obligations hav	e been triggered) and are intended	
to be part of this agreement, are to be funded from the total am maximum obligation of this contract. COAs are responsible for r			be treated as the sole invoice for the	
ANTICIPATED START DATE: (Complete ONE option only) T			Contract obligations:	
1. may be incurred as of the Effective Date (latest signature				
2. may be incurred as of, 20, a date LATER than	n the Effective Date below	wand <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
✓ 3. were incurred as of JULY 1, 20 20 , a date PRIOR to to	he Effective Date below,	and the parties agree that payments for any obligations incl	rred prior to the Effective Date are	
authorized to be made either as settlement payments or a	as authorized reimbursem	ent payments, and that the details and circumstances of all eases the Commonwealth from further claims related to thes	obligations under this Contract are	
CONTRACT END DATE: Contract performance shall termin				
amended provided that the terms of this Contract and perfort	mance 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 per	formance, reporting, invoicing or final payments, or during	any lapse between amendments.	
CERTIFICATIONS: Notwithstanding verbal or other represent	tations 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 approvals. The Contractor certifies that they have accesse	the Contractor, the Depa	rtment, or a later Contract or Amendment Start Date specific	ed above, subject to any required	
approvals. The Contractor certifies that they have accesse certifications required under the Standard Contract FormInstru	a and reviewed all doc actions and Contractor Ce	ertifications under the pains and penalties of periury, and fur	ther agrees to provide any required	
documentation upon request to support compliance, and a	grees that all terms gove	erning performance of this Contract and doing business	in Massachusetts are attached or	
incorporated by reference herein according to the following his	earchy of document pred	edence, the applicable Commonwealth Terms and Condition	is, this Standard Contract Form, he	
Standard Contract Form Instructions and Contractor Certificati by a Department as unacceptable, and additional negotials	ons, the Request for Res	ponse (RFR) of other solicitation, the Contractor's Responsi 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	din 801 CMR 21.07, inco	rporated herein, provided that any amended RFR or Respon	se terms result in best value, lower	
costs/or a more cost effective Contract. AUTHORIZING/SIGNATURE FOR THE CONTRACTOR:	_	AUTAGRIZING SIGNATURE FOR THE COMMONWE	ALTH:	
	1-1-	# 100000	7-18-21	
X Date:	of Signature)	X: Date Must Be Handwritten	At Time of Signature)	
Print Name: W. Co. D. D. D. C.	or orginature/	Print Name: A CGGY CONNE	24	
Print Title: 1200 Manager		Print Title:	ribunting	
The state of the s			Frank M	
	(Updated 6/30	0/20) Page 1 of 1	11.00	



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		3		
CONTRACTOR LEGAL NAME: TOWN OF BRIMFIELD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 21 MAIN ST BRIMFIELD, MA 01010-9744		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: EVA PITTSINGER	Phone: 413-245-7253	Billing Address (if different):		
E-Mail: coa-director@brimfieldma.org	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191736		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COABRIMFIELD0000		
(Note: The Address ID must be set up for EFT payments.)	l	RFR/Procurement or Other ID Number: BD-21-1040-10	40C-1040L-57550	
X NEW CONTRACT		CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date Prior to Amendment:		
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 d		
Notice or RFR, and Response or other procurement support		Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contract)		
Emergency Contract (Attach justification for emergency, s	cope, budget)	Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status Form, scop ✓ Other Procurement Exception (Attach authorizing language)		Other Procurement Exception (Attach authorizing lar	CONTRACTOR OF CO	
specific exemption or earmark, and exception justification, s		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	Certifications and the foon): Commonwealth 1	Ilowing Commonwealth Terms and Conditions documen Ferms and Conditions <u>✓</u> Commonwealth Terms and Condition	tare incorporated by reference ons For Human and Social	
COMPENSATION: (Check ONE option): The Department certification				
in the state accounting system by sufficient appropriations or o				
✓ Maximum Obligation Contract. Enter total maximum oblig				
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how these grant funds were applied. All approved obligations in	ncurred prior to the effectiv	re 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 maximum obligation of this contract. COAs are responsible for r			e treated as the sole invoice for he	
ANTICIPATED START DATE: (Complete ONE option only) T			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	v and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
	as authorized reimbursem	and the parties agree that payments for any obligations incu ent payments, and that the details and circumstances of all c ases the Commonwealth from further claims related to these	bligations under this Contract are	
CONTRACT END DATE: Contract performance shall termin				
amended, provided that the terms of this Contract and perfore				
completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments. CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor 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, he				
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 in 801 CMR 21.07, incorpora				
costs, or a more cost effective Contract.	/	Λ	r=	
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	1/01/0001	AUTHORIZING SIGNATURE FOR THE COMMONWEA	1H:7 7-71	
X: Construe and Date Must Be Hardwritten At Time	1/2//JUd/	X: Date Must Be Heiduritten		
(Signature and Date Must Be Handwritten At Time	or signarure)	(Signature and Date Must Be Handwritten A	Av rime or signature)	
Print Name: Eva TITSINGES		Print Name: 1099 1000 Bely Print Title: 1 (Volume Of A (Dunt 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 or to 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:

The Commonwealth It is a support of the Commonwealth** It is

are incorporated by reference herein. Additional non-con https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.	mass.gov/lists/osd-torms.		
CONTRACTOR LEGAL NAME: CITY OF BROCKTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 45 SCHOOL ST BROCKTON, MA 02301-4049		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: JANICE FITZGERALD	Phone: 508-580-7811	Billing Address (if different):		
E-Mail: ifitzgerald@cobma.us	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192078		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COABROCKTON00000		
(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	
The Control of the Co		CONTRACT AMEND		
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option	n only)	Enter Current Contract End Date Prior to Amendment:		
Statewide Contract (OSD or an OSD-designated Department		Enter Amendment Amount: \$ (or "no chang	e")	
Collective Purchase (Attach OSD approval, scope, budge	et)	AMENDMENT TYPE: (Check one option only. Attach	details of amendment changes.)	
Department Procurement (includes all Grants - 815 CMR Notice or RFR, and Response or other procurement supp	2.00) (Solicitation	Amendment to Date, Scope or Budget (Attach upd Interim Contract (Attach justification for Interim Cont	ract and undated scope/budget)	
Emergency Contract (Attach justification for emergency,	scope, budget)	Contract Employee (Attach any updates to scope or	budget)	
Contract Employee (Attach Employment Status Form, sco	pe, budget)	Other Procurement Exception (Attach authorizing Is	anguage/justification and updated	
Other Procurement Exception (Attach authorizing language specific exemption or earmark, and exception justification,	scope and budget)	scope and budget)		
The Standard Contract Form Instructions and Contractor into this Contract and are legally binding: (Check ONE op Services Commonwealth IT Terms and Conditions	Cartifications and the f	ollowing Commonwealth Terms and Conditions docume Terms and Conditions <u><</u> Commonwealth Terms and Condi	ent are incorporated by reference tions For Human and Social	
COMPENSATION: (Check ONE antion): The Department col	rtifies that payments for a	uthorized performance accepted in accordance with the terr	ns of this Contract will be supported	
Rate Contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum obligation	it ali rates, units, calculati	ons, conditions of terms and any changes in a least terms a	i o boiling annony	
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ANTICIPATED START DATE: (Complete ONE option only)	The Department and Cor	ntractor certify for this Contract, or Contract Amendment, tha	t Contract obligations:	
t I i I I I I I I I I I I I I I I I I I	m data habuu) and na ah	ligations have been incurred prior to the Effective Date.		
	an the Effective Date belo	ow and <u>no</u> obligations have been incurred <u>prior</u> to the Effec	tive Date.	
authorized to be made either as settlement payments o	r as authorized reimburse ce of payments forever re	leases the Commonwealth from further claims related to the	ese obligations.	
CONTRACT END DATE: Contract performance shall terminate as of JUNE 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 amendment				
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(Updated 6/30/20) Page 1 of 1				

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https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.	mass.gov/lists/osd-forms.		
CONTRACTOR LEGAL NAME: TOWN OF BROOKFIELD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): PO BOX 334 BROOKFIELD, MA 01506-0334		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: BARBARA CLANCY	Phone: 508-867-6043	Billing Address (if different):		
E-Mail: agatha6dot@gmail.com	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191737		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COABROOKFIELD000		
(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 option only)		CONTRACT AMENDMENT Enter Current Contract End 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. Terms and Conditions \(\subseteq \) Commonwealth Terms and Conditions For Human and Social uthorized performance accepted in accordance with the terms of this Contract will be supported ands, subject to intercept for Commonwealth owed debts under 8 15 CMR 9.00. ions, conditions or terms and any changes if rates or terms are being amended.)		
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, a date LATER tha			ive Date.	
3. were incurred as of <u>JULY 1, 20 20</u> , a date PRIOR to authorized to be made either as settlement payments or	the Effective Date below, as authorized reimbursen		curred prior to the Effective Date are Il obligations under this Contract are	
CONTRACT END DATE: Contract performance shall terminate as of <u>JUNE 30</u> , 20 21, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claimor dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.				
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract 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 requi approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makest certifications required under the Standard Contract FormInstructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any requi 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 Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language strict 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 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, locosts, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: Signature and Date Must Be Handwritten At Time of Signature) Print Name: Y: Signature and Date Must Be Handwritten At Time of Signature) Print Name: Y: Print Name: Y: Y: Y: Y: Y: Y: Y: Y: Y:				

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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.macomptroller.org/forms. Forms are also posted at OSD Forms: https://www.mass.gov/lists/osd-forms.

CONTRACTOR LEGAL NAME: TOWN OF BROOKLINE		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
(and d/b/a): Legal Address: (W-9, W-4): 333 WASHINGTON ST		Business Mailing Address: 1 ASHBURTON PL BOST	TON MA 02108
BROOKLINE, MA 02445-6853		business maining Address. TASIDSTRICTED BOS	ON, IIIV 02100
Contract Manager: RUTHANN DOBEK	Phone: 617-730-2756	Billing Address (if different):	
E-Mail: rdobek@brooklinema.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191738		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COABROOKLINE0000	
(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		CONTRACT AMEND	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	
Statewide Contract (OSD or an OSD-designated Departm		Enter Amendment Amount: \$ (or "no change AMENDMENT TYPE: (Check one option only. Attach or	
Collective Purchase (Attach OSD approval, scope, budge Department Procurement (includes all Grants - 815 CMR		Amendment to Date, Scope or Budget (Attach upda	
Notice or RFR, and Response or other procurement supp	orting documentation)	Interim Contract (Attach justification for Interim Contr	ract 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	
Other Procurement Exception (Attach authorizing langua specific exemption or earmark, and exception justification,	ge, legislation with	Other Procurement Exception (Attach authorizing la scope and budget)	inguage/justification and updated
The Standard Contract Form Instructions and Contractor	Certifications and the fo	llowing Commonwealth Terms and Conditions docume	nt are incorporated by reference
into this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions	on):Commonwealth	Terms and Conditions V Commonwealth Terms and Condition	ions For Human and Social
COMPENSATION: (Check ONE option): The Department cert	ifies that payments for au	thorized performance accepted in accordance with the term	s of this Contract will be supported
in the state accounting system by sufficient appropriations or on Rate Contract. (No Maximum Obligation) Attach details or	other non-appropriated fur	nds, subject to intercept for Commonwealth owed debts und	er 815 CMR 9.00.
✓ Maximum Obligation Contract. Enter total maximum obli			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth p.			
identify a PPD as follows: Payment issued within 10 days	% 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 r			(M.G.L. c. 29, § 23A); only initial
payment (subsequent payments scheduled to support standards BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or			he Councils on Aging of the
municipalities of the Commonwealth, as appropriated in the Ch	apter 227 of the Acts of 20	020. The award amount is determined by a census-based all	ocation of available grant funding.
The performance period for this award is 7/1/20-6/30/21. The r how these grant funds were applied. All approved obligations	nunicipality certifies that the	ne funds will be used for COA activities, and will complete a	final fiscal report accounting for we been triggered) and are intended
to be part of this agreement, are to be funded from the total am	ount awarded under this a	greement. 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			Contract obligations
ANTICIPATED START DATE: (Complete ONE option only)			Contract obligations:
2. may be incurred as of the Ellective Date (latest signature)	n the Effective Date belov	w and <u>no</u> obligations have been incurred <u>prior</u> to the Effecti	ve 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 inc	surred prior to the Effective Date are
authorized to be made either as settlement payments or	as authorized reimbursem	pent payments, and that the details and circumstances of all	obligations under this Contract are
CONTRACT END DATE: Contract performance shall termin		eases the Commonwealth from further claims related to thes	
amended, provided that the terms of this Contract and perfor	mance expectations and	obligations shall survive its termination for the purpose of	f resolving any claim or dispute, for
completing any negotiated terms and warranties, to allow any	close out or transition per	rformance, reporting, invoicing or final payments, or during	any lapse between amendments.
CERTIFICATIONS: Notwithstanding verbal or other represer	tations by the parties, the	"Effective Date" of this Contract or Amendment shall be	the latest date that this Contract or
Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required			
approvals. The Contractor 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 incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form,			
incorporated by reference herein according to the following hierarchy of document precestandard Contract Form Instructions and Contractor Certifications, the Request for Resp		ponse (RFR) or other solicitation, the Contractor's Respons	e (excluding any language stricken
by a Department as unacceptable, and additional negotiated terms, provided that a		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 costs, or a more cost effective Contract.			nse terms result in best value, lower
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:		AUTHORIZING SIGNATURE FOR THE COMMONWE	ALTH:
X: Juli a Sh. Date:	-19-21	x. Ferchel Godetster D	ate: 2(8) 2021
(Signature and Date Must Be Handwritten At Time	e of Signature)	(Signature and Date Must Be Handwritten	1 At Time of Signature)
Print Name: Melvin A. Kleckne		Print Name: fachel Goldsto	5M
Print Title: Print Title: Print Title:		Print Title:	

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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:

Here:Instructions** Forms** are also posted at OSD Forms** https://www.mass.gov/lists/osd-forms**.

https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.		
CONTRACTOR LEGAL NAME: TOWN OF BUCKLAND (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 17 STATE ST SHELBURNE FALLS, MA 01370-1011		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: CATHY BUNTIN	Phone: 413-625-2502	Billing Address (if different):	
E-Mail: sfsrctr@crocker.com	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191739		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COABUCKLAN000000	
(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 Statewide Contract (OSD or an OSD-designated Departm Collective Purchase (Attach OSD approval scope, budge	nent)	CONTRACT AMEND Enter Current Contract End Date <u>Prior</u> to Amendment: Enter Amendment Amount: \$ (or "no charge AMENDMENT TYPE: (Check one option only. Attach of	, 20 <u>.</u>
Department Procurement (includes all Grants - 815 CMR Notice or RFR, and Response or other procurement supp Emergency Contract (Attach justification for emergency, s Contract Employee (Attach Employment Status Form, sco ✓ Other Procurement Exception (Attach authorizing langua specific exemption or earmark, and exception justification,	2.00) (Solicitation orting documentation) scope, budget) pe, budget) ge, legislation with scope and budget)	Amendment to Date, Scope or Budget (Attach update) Interim Contract (Attach justification for Interim Contract Employee (Attach any updates to scope or Other Procurement Exception (Attach authorizing lascope and budget)	ract and updated scope/budget) budget) inguage/justification and updated
The Standard Contract Form Instructions and Contractor into this Contract and are legally binding: (Check ONE opt ServicesCommonwealth IT Terms and Conditions	ion):Commonwealth	Terms and Conditions <u>✓ Commonwealth</u> Terms and Condit	ions For Human and Social
COMPENSATION: (Check ONE option): The Department cer in the state accounting system by sufficient appropriations or Rate Contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum	other non-appropriated fu f all rates, units, calculation	nds, subject to intercept for Commonwealth owed debts und ons, conditions or terms and any changes if rates or terms ar	re being amended.)
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 r payment (subsequent payments scheduled to support stand	% PPD; Payment issued v reason: _✓_agree to sta ard EFT 45 day payment	vithin 15 days % PPD; Payment issued within 20 days ndard 45 day cycle statutory/legal or Ready Payments cycle. See Prompt Pay Discounts Policy.)	_% PPD; Payment issued within 30 (M.G.L. c. 29, § 23A); only initial
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or municipalities of the Commonwealth, as appropriated in the Cl The performance period for this award is 7/1/20-6/30/21. The how these grant funds were applied. All approved obligations to be part of this agreement, are to be funded from the total an maximum obligation of this contract. COAs are responsible for	REASON FOR AMENDM napter 227 of the Acts of 2 municipality certifies that to incurred prior to the effect mount awarded under this creturning 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 five date of this agreement (for which payment obligations have agreement. This contract, once executed by both parties, will ontract 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	e date below) and no obl	igations have been incurred prior to the Effective Date.	
2, may be incurred as of , 20 , a date LATER that	in the Effective Date belo	w and <u>no</u> obligations have been incurred <u>prior</u> to the Effecti	ve Date.
attached and incorporated into this Contract. Acceptance	as authorized reimburser e of payments forever rel	ment payments, and that the details and circumstances of all eases the Commonwealth from further claims related to thes	lobligations under this Contract are se obligations.
CONTRACT END DATE: Contract performance shall term amended, provided that the terms of this Contract and performance any negotiated terms and warranties, to allow any	rmance expectations and close out or transition pe	d obligations shall survive its termination for the purpose of erformance, 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 signatory of approvals. The Contractor certifies that they have access certifications required under the Standard Contract Form Instead documentation upon request to support compliance, and incorporated by reference herein according to the following his Standard Contract Form Instructions and Contractor Certification by a Department as unacceptable, and additional negotiation Contractor's Response 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:	fthe Contractor, the Dep ed and reviewed all dor ructions and Contractor Cagrees that all terms gor ierarchy of document pre-tions, the Request for Retted terms, provided that ed in 801 CMR 21.07, inc	artment, or a later Contract or Amendment Start Date specicuments incorporated by reference as electronically publicertifications under the pains and penalties of perjury, and fuverning performance of this Contract and doing business cedence, the applicable Commonwealth Terms and Conditionsponse (RFR) or other solicitation, the Contractor's Response additional negotiated terms will take precedence over the orporated herein, provided that any amended RFR or Response ANTHORIZING SIGNATURE FOR THE COMMONWE X: (Signature and Date Must Be Handwritter Print Name:	tied above, subject to any required ished and the Contractor makes all rither agrees to provide any required is in Massachusetts are attached one, this Standard Contract Form, he see (excluding any language stricken e relevant terms in the RFR and the onse terms result in best value, lower EALTH:
Print Title: To wn Administrate.		Print Title:	CALLINA DO
	(Updated 6/3	30/20) Page 1 of 1	ATOLIVY V

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.

CONTRACTOR LEGAL NAME: TOWN OF BURLINGTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 29 CENTER ST BURLINGTON, MA 01803-3058		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: MARGERY R. MCDONALD	Phone: 781-270-1953	Billing Address (if different):	
E-Mail: mmcdonald@burlington.org	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191741		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COABURLINGTON000	
(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		CONTRACT AMEND	
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date Prior to Amendment:	
Statewide Contract (OSD or an OSD-designated Departm		Enter Amendment Amount: \$ (or "no change	
Collective Purchase (Attach OSD approval, scope, budge	i) '	AMENDMENT TYPE: (Check one option only. Attach o	2.
Department Procurement (includes all Grants - 815 CMR)	2.00) (Solicitation	Amendment to Date, Scope or Budget (Attach upda	
Notice or RFR, and Response or other procurement support <u>Emergency Contract</u> (Attach justification for emergency, so		Interim Contract (Attach justification for Interim Contr	
Contract Employee (Attach Employment Status Form, score	oe, budget)	Contract Employee (Attach any updates to scope or	
Other Procurement Exception (Attach authorizing language specific exemption or earmark, and exception justification, s		Other Procurement Exception (Attach authorizing la scope and 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			
COMPENSATION: (Check ONE option): The Department cert	ifies that payments for au	thorized performance accepted in accordance with the terms	s of this Contract will be supported
in the state accounting system by sufficient appropriations or o	ther non-appropriated fur	nds, subject to intercept for Commonwealth owed debts und	er 815 CMR 9.00.
Rate Contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum oblig			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pa identify a PPD as follows: Payment issued within 10 days9			
days% PPD. If PPD percentages are left blank, identify re	eason:agree to star	ndard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial
payment (subsequent payments scheduled to support standa			
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or F municipalities of the Commonwealth, as appropriated in the Ch.			
The performance period for this award is 7/1/20-6/30/21. The n			
how these grant funds were applied. All approved obligations in			
to be part of this agreement, are to be funded from the total am maximum obligation of this contract. COAs are responsible for			de treated as the sole invoice for the
ANTICIPATED START DATE: (Complete ONE option only) T		p. No. of the State of the Control o	Contract obligations:
1. may be incurred as of the Effective Date (latest signature			
2. may be incurred as of, 20, a date LATER than			
✓ 3. were incurred as of <u>JULY 1</u> , 20 20 , a date PRIOR to the second state of the results are the results as a state of the results are the results as a state of the results are the results as a state of the results are		and the parties agree that payments for any obligations inco nent payments, and that the details and circumstances of all	
		eases the Commonwealth from further claims related to thes	
CONTRACT END DATE: Contract performance shall termin			
amended, provided that the terms of this Contract and perform	mance 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 per	formance, reporting, invoicing or final payments, or during	any lapse between amendments.
CERTIFICATIONS: Notwithstanding verbal or other represen			
Amendment has been executed by an authorized signatory of approvals. The Contractor certifies that they have accesse			
certifications required under the Standard Contract Form Instru	ctions and Contractor Ce	ertifications under the pains and penalties of perjury, and fur	ther 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 Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding a			e (excluding any language stricken
by a Department as unacceptable, and additional negotiated terms, provided that ad		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 costs, or a more cost effective Contract.	d in 801 CMR 21.07, inco	rporated herein, provided that any amended RFR or Respor	nse terms result in best value, lower
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:		AUTHORIZING SIGNATURE FOR THE COMMONWE	ALTH:
X: Paulf Say C. Date:	1/21/21	1000011 (ens	ate: 2-11-21
(Signature and Date Must Be Handwritten At Time	of Signature)	(Signature and Date-Must Be Handwritten	
Print Name: Paul Sagarino.	200 (45).	Print Name: PERRY CONSTELY	
Print Title: Town Administrator.		Print Title: Vottoe of Ht	Lounting
	(Updated 6/3	0/20) Page 1 of 1 and Control	white of