D

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/lists/osd-forms.			
CONTRACTOR LEGAL NAME: CITY OF CAMBRIDGE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:			
Legal Address: (W-9, W-4): 795 MASSACHUSETTS AVE CAMBRIDGE, MA 02139-3201		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108			
Contract Manager: SUSAN PACHECO	Phone: 617-349-6220	Billing Address (if different):			
E-Mail: spacheco@cambridgema.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419		
Contractor Vendor Code: VC6000192080		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368		
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COACAMBRIDGE0000	·		
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	040 C-1040L-57550		
X NEW CONTRACT		CONTRACT AMEND	MENT		
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date Prior to Amendment:			
Statewide Contract (OSD or an OSD-designated Departm	ent)	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			
Emergency Contract (Attach justification for emergency, s	cope, budget)	Interim Contract (Attach justification for Interim Contract Contract Employee (Attach any updates to scope or It			
Contract Employee (Attach Employment Status Form, sco ✓ Other Procurement Exception (Attach authorizing langua	pe, budget)	Other Procurement Exception (Attach authorizing la			
specific exemption or earmark, and exception justification,		scope and budget)	ngaagajaansaaan ana apaassa		
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 `	Ferms and Conditions ✓ Commonwealth Terms and Conditi	ons For Human and Social		
COMPENSATION: (Check ONE option): The Department cert					
in the state accounting system by sufficient appropriations or on Rate Contract, (No Maximum Obligation). Attach details of					
Maximum Obligation Contract. Enter total maximum oblig		i i			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pa	avments are issued thro	ugh EFT 45 days from invoice receipt. Contractors reque	sting accelerated payments must		
identify a PPD as follows: Payment issued within 10 days9	6 PPD; Payment issued w	ithin 15 days % PPD; Payment issued within 20 days	% PPD; Payment issued within 30		
days% PPD. If PPD percentages are left blank, identify reason: agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial 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 how these grant funds were applied. All approved obligations i	nunicipality certifies that the concern of the control of the cont	ne tunds will be used for COA activities, and will complete a t we date of this agreement (for which payment obligations have	inal fiscal report accounting for e been tripgered) 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			
maximum obligation of this contract. COAs are responsible for			2-4-4-H-4-H-4		
ANTICIPATED START DATE: (Complete ONE option only) T	The state of the s		Contract obligations:		
	n the Effective Date below	y and no obligations have been incurred prior to the Effectiv	e Date.		
✓ 3. were incurred as of JULY 1, 20 20 , a date PRIOR to					
authorized to be made either as settlement payments or	as authorized reimbursem	ent payments, and that the details and circumstances of all	obligations under this Contract are		
		eases the Commonwealth from further claims related to these			
CONTRACT END DATE: Contract performance shall termin amended, provided that the terms of this Contract and perform					
completing any negotiated terms and warranties, to allow any					
CERTIFICATIONS: Notwithstanding verbal or other represent	tations by the parties, the	"Effective Date" of this Contract or Amendment shall be t	he latest date that this Contract or		
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					
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 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				
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:		AUTHORIZING SIGNATURE FOR THE COMMONWEA	NLTH: 1/ 2/		
X: Xan Cetant. Date:		X: Some Da			
(Signature and Date Must Be Handwritten At Time	of Signature)	(Signature and Date Must Be Handwritten	At Time of Signature)		
Print Name: Louic De Pasquale.		Frint Name.	to mentings		
Print Title: Chy Manager.		Print Title:	The state of the s		
(Updated 6/30/20) Page 1 of 1					

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

https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.	mass.gov/lists/osd-forms.	
CONTRACTOR LEGAL NAME: TOWN OF CANTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 801 WASHINGTON ST CANTON, MA 02021-2500		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: DIANE TYNAN	Phone: 781-828-1323	Billing Address (if different):	
E-Mail: dtynan@town.canton.ma.us	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191742		E-Mail: STACEY,OCONNELL@MASS,GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD_001.		MMARS Doc ID(s): FY21COACANTON0000000	
(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) _ Inter im 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 of Into this Contract and are legally binding; (Check ONE options Commonwealth IT Terms and Conditions	Certifications and the fo	ollowing Commonwealth Terms and Conditions document Terms and Conditions <u>Commonwealth</u> Terms and Conditions	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 care Rate Contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum obligition	ther non-appropriated fur all rates, units, calculation	nds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms are	er 815 CMR 9.00. e being amended.)
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth 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 10 days% PPD; Payment is issued within 10 days% PPD; Payment is issued the intervits and issuance of itsutorylegal or Ready PPD; Payment is issued			
attached and incorporated into this Contract. Acceptance 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	ate as of JUNE 30	obligations shall survive its termination for the purpose of	ate unless the Contract is properly resolving any claimor dispute, for
CERTIFICATIONS: Notwithstanding verbal or other represent Amendment has been executed by an authorized signalory of approvals. The Contractor certifies that they have accessed certifications required under the Standard Contract Form Instruction upon request to support compliance, and a incorporated by reference herein according to the following his Standard Contract Form Instructions and Contractor Certificate by a Department as unacceptable, and additional negotiat 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: Print Title: Own Administration	tations by the parties, the the Contractor, the Depad and reviewed all docuctions and Contractor C grees that all terms goverarchy of document precions, the Request for Resed terms, provided that din 801 CMR 21.07, Inco	e "Effective Date" of this Contract or Amendment shall be artment, or a later Contract or Amendment Start Date specifications under the pains and penalties of perjury, and fur terning performance of this Contract and doing business sedence, the applicable Commonwealth Terms and Condition sponse (RFR) or other solicitation, the Contractor's Response additional negotiated terms will take precedence over the provided that any amended RFR or Responsers (Signature and Date Must Be Handwritten Print Name: Print Title:	the latest date that this Contract or ed above, subject to any required shed and the Contractor makes all ther agrees to provide any required in Massachusetts are attached or ns, this Standard Contract Form, the e (excluding any language stricken relevant terms in the RFR and the nse terms result in best value, lower ALTH:

ELI

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.maccmotroller.org/forms. Forms are also posted at OSD Forms: https://www.maccmotroller.org/forms.

nttps://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www	.mass.gov/lists/osd-forms.	
CONTRACTOR LEGAL NAME: TOWN OF CARLISLE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): PO BOX 624 CARLISLE, MA 01741-0624		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: JOAN INGERSOLL	Phone: 978-371-6693	Billing Address (if different):	
E-Mail: jinfersoll@carlislema.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191743		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COACARLISLE00000	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040	-1040C-1040L-57550
		CONTRACT AMENDMENT Enter Current Contract End 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) Dilowing Commonwealth Terms and Conditions document are incorporated by reference	
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 obligations in the PPD as follows: Payment issued within 10 days% days% PPD. If PPD percentages are left blank, identify repayment (subsequent payments scheduled to support standards BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or Foundational Contract Performance period for this award is 7/1/20-6/30/21. The maximum obligations in to be part of this agreement, are to be funded from the total amount of the contract Performance period for the performance period for this award is 7/1/20-6/30/21. The maximum obligations in the part of this agreement, are to be funded from the total amount of the performance period for the performance period for the performance period for this award is 7/1/20-6/30/21. The maximum obligations in the performance period for this award is 7/1/20-6/30/21.	other non-appropriated fur if all rates, units, calculation gation for total duration of apyments are issued through the payment issued where the payment issued where the payment is agree to star in the payment is agree to a factor of the Acts of 20 counicipality certifies that the coursed prior to the effection of a warded under this a sufficient in the payment awarded under this a	nds, subject to intercept for Commonwealth owed debts units, conditions or terms and any changes if rates or terms if this contract (or new total if Contract is being amended). ugh EFT 45 days from invoice receipt. Contractors requitible 15 days % PPD; Payment issued within 20 days _ ndard 45 day cycle statutory/legal or Ready Payment: cycle. See Prompt Pay Discounts Policy.) ENT: This contract is to distribute a formula grant award to 200. The award amount is determined by a census-based and funds will be used for COA activities, and will complete we date of this agreement (for which payment obligations happers and the payment obligations happers are severalled by both parties, will prefer the payment obligations happers and the payment obligations happers are severalled by both parties, will prefer the payment obligations happers are preferred.	der 815 CMR 9.00. are being amended.) 6 12,360.00. restling accelerated payments must 6 PPD; Payment issued within 30 6 (M.G.L. c. 29, § 23A); only initial the Councils on Aging of the location of available grant funding. The peen tringered and are integred.
maximum obligation of this contract. COAs are responsible for r ANTICIPATED START DATE: (Complete ONE option only) T	he Department and Conti- date below) and <u>no</u> obliq in the Effective Date below, he Effective Date below, is authorized reimbursem of payments forever releate as of <u>JUNE 30</u> ,	ractor certify for this Contract, or Contract Amendment, that gations have been incurred <u>prior</u> to the Effective Date. It wand <u>no</u> obligations have been incurred <u>prior</u> to the Effect and the parties agree that payments for any obligations in ent payments, and that the details and circumstances of a cases the Commonwealth from further claims related to the 20_21, with no new obligations being incurred after this obligations shall survive its termination for the purpose.	ive Date. curred prior to the Effective Date are ill obligations under this Contract are se obligations.
CERTIFICATIONS: Notwithstanding verbal or other represent Amendment has been executed by an authorized signatory of tapprovals. The Contractor certifies that they have accessed certifications required under the Standard Contract FormInstrut documentation upon request to support compliance, and agincorporated by reference herein according to the following hie Standard Contract FormInstructions and Contractor Certification by a Department as unacceptable, and additional negotiate Contractor's Response only if made using the process outlined costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: (Signature and Dafe Musy Be Handwritten At Time Print Name:	ations by the parties, the the Contractor, the Depart and reviewed all doct clions and Contractor Cegrees that all terms gove that all terms gove the Request for Respect terms, provided that a lin 801 CMR 21.07, incort	"Effective Date" of this Contract or Amendment shall be ritment, or a later Contract or Amendment Start Date specuments incorporated by reference as electronically pub intifications under the pains and penalties of perjury, and fuerning performance of this Contract and doing business edence, the applicable Commonwealth Terms and Conditionse (RFR) or other solicitation, the Contractor's Responsed dillonal negotiated terms will take precedence over the porated herein, provided that any amended RFR or Response (AUTHORIZING SIGNATURE FOR THE COMMONWE	the latest date that this Contract or 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, he se (excluding any language stricken e relevant terms in the RFR and the onse terms result in best value, lower EALTH:

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.ngov/lists/osd-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 CHARLEMONT (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 157 MAIN ST CHARLEMONT, MA 01339-9703		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: LINDA A. WAGNER	Phone: 413-339-6641	Billing Address (if different):		
E-Mail: coa@charlemont-ma.us	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191745	b	E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COACHARLEMONT000		
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-1	040C-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 Departme	ent)	Enter Amendment Amount: \$, (or "no change		
Collective Purchase (Attach OSD approval, scope, budget Department Procurement (includes all Grants - 815 CMR) 2 00\ (Salicitation	AMENDMENT TYPE: (Check one option only. Attach	The state of the s	
Notice or RFR, and Response or other procurement support		Amendment to Date, Scope or Budget (Attach upda Interim Contract (Attach justification for Interim Contr		
Emergency Contract (Attach justification for emergency, so		Contract Employee (Attach any updates to scope or		
Contract Employee (Attach Employment Status Form, sco ✓ Other Procurement Exception (Attach authorizing language		Other Procurement Exception (Attach authorizing la		
specific exemption or earmark, and exception justification, s	cope and budget)	scope and budget)	200 200 00	
The Standard Contract Form Instructions and Contract of into this Contract and are legally binding: (Check ONE option Services Commonwealth IT Terms and Conditions	ertifications and the fol on): Commonwealth T	Ilowing Commonwealth Terms and Conditions documenterms and Conditions <u>✓</u> Commonwealth 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 certi	fies that payments for aut	horized 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 fun	ds, subject to intercept for Commonwealth owed debts und	er 815 CMR 9.00.	
Rate Contract. (No Maximum Obligation) Attach details of				
	*			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pa a PPD as follows: Payment issued within 10 days% PPD;	Payment issued within 1	5 days % PPD; Payment issued within 20 days % P	PD; Payment issued within 30 days	
% PPD. If PPD percentages are left blank, identify reason:	✓ agree to standard 45	5 day cycle statutory/legal or Ready Payments (M.G.L. o	. 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 how these grant funds were applied. All approved obligations in	unicipality certifies that the	ne funds will be used for COA activities, and will complete a	final fiscal report accounting for	
to be part of this agreement, are to be funded from the total amo				
maximum obligation of this contract. COAs are responsible for r			0 1 1 1 1 1 1	
ANTICIPATED START DATE: (Complete ONE option only) T			Contract obligations:	
1. may be incurred as of the Effective Date (latest signature2. may be incurred as of, 20, a date LATER than			ve 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	urred prior to the Effective Date are	
authorized to be made either as settlement payments or a	s authorized reimburseme	ent payments, and that the details and circumstances of all ases the Commonwealth from further claims related to thes	obligations under this Contract are	
CONTRACT END DATE: Contract performance shall terminate				
provided that the terms of this Contract and performance expendenciated terms and warranties, to allow any close out or tran				
CERTIFICATIONS: Notwithstanding verbal or other represen				
Amendment has been executed by an authorized signatory of	the Contractor, the Department	artment, or a later Contract or Amendment Start Date spec	ified above, subject to any required	
approvals. The Contractor certifies that they have accessed an	d reviewed all documents	incorporated by reference as electronically published and the	ne Contractor makes all certifications	
required under the Standard Contract Form Instructions and Co				
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 Departmen 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 or			juage stricken by a Department as	
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 or response terms.			lower costs, or a more cost effective	
Contract.	11			
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	2/1/51	AUTHORIZING SIGNATURE FOR THE COMMONWE	7 1 -11	
(Signature and Date Must Be Handwritten At Time	of Signature)	X: D . D . D . D D D D D D D D D D D . D	ate: String of Signature)	
Print Name: MARGUERITE NIL45.	or orginature)	Print Name:	V. A	
Print Title: CHAIA SELECI.		Print Title: Divactor of	THE CLOUNTING	
		and Carta	otim ()	
		4110 CONTO		



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

The position of the control of the c	oob to the contract of the con			
CONTRACTOR LEGAL NAME: TOWN OF CHARLTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 37 MAIN ST CHARLTON, MA 01507-1382		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: ELAINE MATERAS	Phone: 508-248-2231	Billing Address (if different):		
E-Mail: Elaine.Materas@townofcharlton.net	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191746		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD_001.		MMARS Doc ID(s): FY21COACHARLTON00000		
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	140C-1040L-57550	
V NEW CONTRACT		CONTRACT AMEND		
X NEW CONTRACT 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		
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		Amendment to Date, Scope or Budget (Atlach upda		
Emergency Contract (Attach justification for emergency, s		Interim Contract (Attach justification for Interim Contract Contract Employee (Attach any updates to scope or before the contract Employee).		
Contract Employee (Attach Employment Status Form, sco ✓ Other Procurement Exception (Attach authorizing language)	pe, budget)	Other Procurement Exception (Attach authorizing lai		
specific exemption or earmark, and exception justification, s		scope and budget)	iguagajusiiicaiion and updated	
The Standard Contract Form Instructions and Contractor		llowing Commonwealth Terms and Conditions documen	it are incorporated by reference	
into this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions	on): Commonwealth 1	Terms and Conditions <u>✓</u> Commonwealth Terms and Condition	ons For Human and Social	
COMPENSATION: (Check ONE option): The Department cert				
in the state accounting system by sufficient appropriations or c		nds, subject to intercept for Commonwealth owed debts unde ins, conditions or terms and any changes if rates or terms are		
✓ Maximum Obligation Contract. Enter total maximum oblig				
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pa	avments are issued through	ugh EFT 45 days from invoice receipt. Contractors reques	sting accelerated payments must	
identify a PPD as follows: Payment issued within 10 days9	6 PPD; Payment issued w	ithin 15 days % PPD; Payment issued within 20 days	% PPD; Payment issued within 30	
days% PPD. If PPD percentages are left blank, identify re			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 how these grant funds were applied. All approved obligations in				
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 b		
maximum obligation of this contract, COAs are responsible for				
ANTICIPATED START DATE: (Complete ONE option only) T			contract obligations:	
1. may be incurred as of the Effective Date (latest signature2. may be incurred as of, 20, a date LATER than	the Effective Date below	y and no obligations have been incurred prior to the Effective	e Date.	
✓ 3. were incurred as of JULY1, 20 20 , a date PRIOR to t				
authorized to be made either as settlement payments or a	as authorized reimbursem	ent payments, and that the details and circumstances of all c	obligations under this Contract are	
		ases the Commonwealth from further claims related to these		
CONTRACT END DATE: Contract performance shall termin amended, provided that the terms of this Contract and perform				
completing any negotiated terms and warranties, to allow any				
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	the Contractor, the Depa	rtment, or a later Contract or Amendment Start Date specifie	ed above, subject to any required	
approvals. The Contractor certifies that they have accesse certifications required under the Standard Contract Form Instru				
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 hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, hi				
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 t			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, lov			se terms result in best value, lower	
costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR:		AUTHORIZING SIGNATURE FOR THE COMMONWEA	I TH:	
11111	1/2/20	P. MANAC ASSAS	2 18-21	
(Signature and Date Must Be Handwritten At Time	of Signature)	X: Date Must Be Handwritten		
Print Name: Andrew M. Golas		Print Name: PCOOLY CONNEC	14	
Print Title: Town Admini spratal.		Print Title: DIVOTOR OF F	Feldinging	
	# I = 1 · · · · · · · · · · · · · · · · · ·	was product and Control	in them	
	(Updated 6/30	0/20) Page 1 of 1	d	

مار





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 CHATHAM (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 549 MAIN ST CHATHAM, MA 02633-2279		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: MANDI SPEAKMAN	Phone: 508-945-5190	Billing Address (if different):	
E-Mail: aspeakman@chatham-ma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191747		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COACHATHAM000000	
(Note: The Address ID must be set up for EFT payments.)	İ	RFR/Procurement or Other ID Number: BD-21-1040-10	140C-1040L-57550
X NEW CONTRACT		CONTRACT AMENDI	
PROCUREMENT OR EXCEPTION TYPE: (Check one option	ı 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	
Collective Purchase (Attach OSD approval, scope, budge	et)	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	Amendment to Date, Scope or Budget (Attach upda	
Emergency Contract (Attach justification for emergency, s		Interim Contract (Attach justification for Interim Contra	
Contract Employee (Attach Employment Status Form, sco		Contract Employee (Attach any updates to scope or b Other Procurement Exception (Attach authorizing lai	
Other Procurement Exception (Attach authorizing langua specific exemption or earmark, and exception justification,		scope and budget)	guagajusuicauomanuupuateu
The Standard Contract Form Instructions and Contractor	Certifications and the fo	llowing Commonwealth Terms and Conditions documer	it are incorporated by reference
into this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions	on): Commonwealth 1	Terms and Conditions <u>✓</u> Commonwealth Terms and Condition	ons For Human and Social
COMPENSATION: (Check ONE option): The Department 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 Rate Contract. (No Maximum Obligation) Attach details o	other non-appropriated fun	nds, subject to intercept for Commonwealth owed debts under	er 815 CMR 9.00.
✓ Maximum Obligation Contract. Enter total maximum oblig			
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			% PPD; Payment issued within 30
days% PPD. If PPD percentages are left blank, identify re	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			e 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 alo	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	nunicipality certifies that the	ne funds will be used for COA activities, and will complete a f we date of this agreement (for which payment obligations have	inal fiscal report accounting for ebeen triggered) and are intended
to be part of this agreement, are to be funded from the total am	ount awarded under this a	agreement. This contract, once executed by both parties, will t	
maximum obligation of this contract. COAs are responsible for			Contract obligations:
ANTICIPATED START DATE: (Complete ONE option only)			John act obligations.
, 2. may be incurred as of the Ellective Date (latest signature)			e 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 incu	rred prior to the Effective Date are
		nent payments, and that the details and circumstances of allo eases the Commonwealth from further claims related to these	
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			
CERTIFICATIONS: Notwithstanding verbal or other represer	tations by the parties, the	"Effective Date" of this Contract or Amendment shall be t	he latest date that this Contract or
Amendment has been executed by an authorized signatory of approvals. The Contractor certifies that they have accessed			
certifications required under the Standard Contract Form Instr			
documentation upon request to support compliance, and agrees that all terms governing performance of this Contract are incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth T			in Massachusetts are attached or
incorporated by reference herein according to the following hierarchy of document preceded and Contract Form Instructions and Contractor Certifications, the Request for Res		ponse (RFR) or other solicitation, the Contractor's Response	e (excluding any language stricken
by a Department as unacceptable, and additional negotial	ted 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 outline costs, or a more cost effective Contract.	din 801 CMR 21.07, inco	rporated herein, provided that any amended RFR or Respon	ise terms result in best value, lower
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	1 1	AUTHORIZING SIGNATURE FOR THE COMMONWEA	ALTH:
x: Jul N. Gab. Date:	1/20/2021	x. Levell goldster is	te: 28 2021
Signature and Date Must Be Handwritten At Time	e of Signature)	X: <u>feelul Juldster</u> Da (Signature and Date Must Be Handwritten	At Time of Signature)
Print Name: Jill R. Goldsmith)	Print Name: Rachel Goldste	em
Print Title: Tourn Managary		Print Title:	car





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.

intps://www.naconphoner.org/forms. Forms are also posted at	OOD I OITIS. Https://www.	mass.govinsis/osu-forms.	
CONTRACTOR LEGAL NAME: TOWN OF CHELMSFORD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 50 BILLERICA RD CHELMSFORD, MA 01824-3162		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: DEBRA SIRIANI	Phone: 978-251-0533	Billing Address (if different):	
E-Mail: dsiriani@townofchelmsford.us	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191748	•	E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COACHELMSFORD000	
(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	
Collective Purchase (Attach OSD approval, scope, budge Department Procurement (includes all Grants - 815 CMR		AMENDMENT TYPE: (Check one option only, Attach on Amendment to Date, Scope or Budget (Attach update)	
Notice or RFR, and Response or other procurement supp	orting documentation)	Interim Contract (Attach justification for Interim Contr	
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	inguage/justification and updated
specific exemption or earmark, and exception justification,		scope and budget)	
The Standard Contract Form Instructions and Contractor of into this Contract and are legally binding: (Check ONE options are commonwealth IT Terms and Conditions			
COMPENSATION: (Check ONE option): The Department cert in the state accounting system by sufficient appropriations or care Rate Contract. (No 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 ns, 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 must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 3 days% PPD. If PPD percentages are left blank, identify reason: _v_ agree to standard 45 day cyclestatutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initipayment (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			Contract obligations:
1. may be incurred as of the Effective Date (latest signature2. may be incurred as of, 20, a date LATER that			re Date
3. were incurred as of <u>JULY 1</u> , 20 <u>20</u> , a date PRIOR to authorized to be made either as settlement payments or a settlement payment.	he Effective Date below, as authorized reimbursem		urred prior to the Effective Date are obligations under this Contract are
CONTRACT END DATE: Contract performance shall termin amended, provided that the terms of this Contract and perfor completing any negotiated terms and warranties, to allow any	mance expectations and	obligations shall survive its termination for the purpose of	resolving any claim or dispute, for
CERTIFICATIONS: Notwithstanding verbal or other 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 requir approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any requir documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, Standard 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 to Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, low costs, or a more cost effective Contract.			
X: Date: Signature X: Keelle X: Keelle X: Keelle X: Keelle X: Keelle X: Keelle X:		X: Yeele Welster Da (Signature and Date Must Be Handwritten Print Name: Keelel Coldste	ate: 2/8/202/ At Time of Signature)

C. 8

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 Additional non-conflicting terms may be added by Attachment. Contractors are required to access published forms at CTR Forms:

nttps://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.	mass.gov/lists/osd-forms.	And the second s
CONTRACTOR LEGAL NAME: CITY OF CHELSEA (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 500 BROADWAY CHELSEA, MA 02150-2948		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: TRACY M. NOWICKI	Phone: 617-466-4377	Billing Address (if different):	
E-Mail: Tnowickl@chelseama.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000192083		E-Mail: STACEY,OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COACHELSEA000000	
(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) 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 AMEN Enter Current ContractEnd Date <u>Prior</u> to Amendment Enter Amendment Amount: \$ (or "no chan AMENDMENT TYPE: (Check one option only. Attact Amendment to Date, Scope or Budget (Attach up Interim Contract (Attach justification for Interim Con Contract Employee (Attach any updates to scope of Other Procurement Exception (Attach authorizing scope and budget)	:, 20 ge") In details of amendment changes.) Idated scope and budget) Intract and updated scope/budget) Ior budget) Ianguage/justification and updated
The Standard Contract Form Instructions and Contractor Into this Contract and are legally binding: (Check ONE op Services Commonwealth IT Terms and Conditions	Certifications and the fition): Commonwealth	Terms and Conditions V Commonwealth Terms and Cold	Direction of the second
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 to of all rates, units, calculat	inds, subject to intercept for Commonweath owed debts di ions, conditions or terms and any changes if rates or terms	are being amended.)
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pidentify a PPD as follows: Payment issued within 10 days days% PPD. If PPD percentages are left blank, identify payment (subsequent payments scheduled to support stance BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or municipalities of the Commonwealth, as appropriated in the C 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 at	% PPD; Payment issued the ason: ✓ agree to stand EFT 45 day paymen REASON FOR AMENDIN hapter 227 of the Acts of t	within 15 days % PPD; Payment issued within 20 days and ard 45 day cycle statutory/legal or Ready Paymen it cycle. See Prompt Pay Discounts Pollcy.) MENT: This contract is to distribute a formula grant award to 2020. The award amount is determined by a census-based the funds will be used for COA activities, and will complete this agreement (for which payment oblications has a contraction of the contractions of the contraction of the co	ts (M.G.L.c. 29, § 23A); only initial the Councils on Aging of the afocation of available grant funding. a final fiscal report accounting for lave been triggered) and are intended
maximum obligation of this contract. COAs are responsible to ANTICIPATED START DATE: (Complete ONE option only)	The Department and Co	contract by no later than June 30, 2021. Intractor certify for this Contract, or Contract Amendment, the lifective Date.	at Contract obligations:
2. may be incurred as of, 20, a date LATER th. 3. were incurred as of JULY1, 20 20, a date PRIOR to	an the Effective Date below the Effective Date below ras authorized reimburse	ow and no obligations have been incurred prior to the cite	all obligations under this Contract are
CONTRACT END DATE: Contract performance shall term amended, provided that the terms of this Contract and performance and perform and warranties, to allow an	inate as of <u>JUNE 30</u> ormance expectations ar y close out or transition p	, 20 <u>21,</u> with no new obligations being incurred after thi: nd obligations shall survive its termination for the purpose reformance, reporting, invoicing or final payments, or dun	s date unless the Contract is properly of resolving any claimor dispute, for ing any lapse between amendments
CERTIFICATIONS: Notwithstanding verbal or other repress Amendment has been executed by an authorized signatory approvals. The Contractor certifies that they have access certifications required under the Standard Contract Form Instructions and contract Form Instructions and Contractor Certific by a Department as unacceptable, and additional negotic Contractor's Response only if made using the process outlin costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: (Signature and Date Must Be Handwritten At Till Print Name: Print Title:	of the Contractor, the bladed and reviewed all desert and contractor agrees that all terms got allerarchy of document preations, the Request for Reated terms, provided that ed in 801 CMR 21.07, in	partment, or a later contract of Arenderian Catalogic pocuments incorporated by reference as electronically pur- Certifications under the pains and penalties of perjury, and overning performance of this Contract and doing busing executing the applicable Commonwealth Terms and Cond esponse (RFR) or other solicitation, the Contractor's Response of the contrac	iblished and the Contractor makes all further agrees to provide any required ess in Massachusetts are attached or
· J	(Updated 6	/30/20) Page 1 of 1	traction)



ELI

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

CONTRACTOR LEGAL NAME: TOWN OF CHESHIRE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 80 CHURCH ST . CHESHIRE, MA 01225-9657		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: CAROLE HIDERBRAND	Phone: 413-743-1172	172 Billing Address (if different):	
E-Mail: carolehilderbrand@yahoo.com	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191749		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COACHESHIRE00000	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	040 C-1 040L-57550
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option	ı only)	CONTRACT AMEND Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u>
Statewide Contract (OSD or an OSD-designated DepartmCollective Purchase (Attach OSD approval, scope, budgeDepartment Procurement (includes all Grants - 815 CMR Notice or RFR, and Response or other procurement suppEmergency Contract (Attach justification for emergency, sContract Employee (Attach Employment Status Form, scoOther Procurement Exception (Attach authorizing langua, specific exemption or earmark, and exception justification, s	t) 2.00) (Solicitation orting documentation) cope, budget) pe, budget) ge, legislation with	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	Certifications and the foon): Commonwealth	llowing Commonwealth Terms and Conditions documer Terms and Conditions <u>✓</u> Commonwealth Terms and Condition	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 care Rate Contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum obligation	other non-appropriated fur all rates, units, calculation	nds, subject to intercept for Commonwealth owed debts underns, 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 days9 days9 PPD. If PPD percentages are left blank, identify payment (subsequent payments scheduled to support standard)	% PPD; Payment issued w eason: <u>✓</u> agree to star	ithin 15 days % PPD; Payment issued within 20 days ndard 45 day cycle statutory/legal or Ready Payments (I	% PPD; Payment issued within 30
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 form	REASON FOR AMENDMI apter 227 of the Acts of 20 nunicipality certifies that the nourred prior to the effective ount awarded under this a	ENT: This contract is to distribute a formula grant award to th)20. The award amount is determined by a census-based allo ne funds will be used for COA activities, and will complete a factivities, and will complete a factive date of this agreement (for which payment obligations have agreement. This contract, once executed by both parties, will be	ocation of available grant funding. final fiscal report accounting for e been triggered) and are intended
ANTICIPATED START DATE: (Complete ONE option only) T		The state of the s	Contract obligations:
1. may be incurred as of the Effective Date (latest signature			
2. may be incurred as of, 20, a date LATER that3. were incurred as of JULY 1, 20_20, a date PRIOR to the 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 completing any negotiated terms and warranties, to allow any	mance expectations and close out or transition per	obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during	resolving any claim or dispute, for any lapse between amendments.
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract 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 requiapprovals. The Contractor certifications that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makest certifications required under the Standard Contract Form Instructions and Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any requiance 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 stric 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 X:			ed above, subject to any required shed and the Contractor makes all her agrees to provide any required in Massachusetts are attached or s, this Standard Contract Form, he elexactuding any language stricken relevant terms in the RFR and the see terms result in best value, lower ALTH:

0

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

https://www.macomptroller.org/forms. Forms are also posted at	OSD FOITIS. Https://www.		
CONTRACTOR LEGAL NAME: TOWN OF CHESTERFIELD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 422 MAIN RD CHESTERFIELD, MA 01012-9708		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: JAN GIBEAU	Phone: 413-296-4007	Billing Address (if different):	
E-Mail: coa@townofchesterfield.com	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191751		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COACHESTERFIELD0	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	040 C-1 040 L-57550
X NEW CONTRACT		CONTRACT AMEND	
PROCUREMENT OR EXCEPTION TYPE: (Check one option	n only)	Enter Current Contract End Date Prior to Amendment:	
Statewide Contract (OSD or an OSD-designated Departm	ent)	Enter Amendment Amount: \$ (or "no change	
Collective Purchase (Attach OSD approval, scope, budge	et)	AMENDMENT TYPE: (Check one option only. Attach d	
Department Procurement (includes all Grants - 815 CMR Notice or RFR, and Response or other procurement supp	orting documentation)	Amendment to Date, Scope or Budget (Attach upda Interim Contract (Attach justification for Interim Contra	act and undated scope/budget)
Emergency Contract (Attach justification for emergency, s	scope, budget)	Contract Employee (Attach any updates to scope or I	oudaet)
Contract Employee (Attach Employment Status Form, sco Other Procurement Exception (Attach authorizing langua	pe, budget)	Other Procurement Exception (Attach authorizing la	
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 opt	Certifications and the fo	ollowing Commonwealth Terms and Conditions documer Terms and Conditions Commonwealth Terms and Conditions	nt are incorporated by reference ons For Human and Social
Services Commonwealth IT Terms and Conditions			
COMPENSATION: (Check ONE option): The Department cer	tifies 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 or Rate Contract. (No Maximum Oblication) Attach details o	otner non-appropriated full fall rates, units, calculation	ons, subject to intercept for Commonwealth owed debts that ons, conditions or terms and any changes if rates or terms are	e being amended.)
✓ Maximum Obligation Contract. Enter total maximum obli	gation for total duration o	f this contract (or <i>new</i> total if Contract is being amended). \$	<u>6,000.00.</u>
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth p	ayments are issued thro	ugh EFT 45 days from invoice receipt. Contractors reque	sting accelerated payments must
identify a PPD as follows: Payment issued within 10 days	% PPD: Payment issued w	rithin 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 initi payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			IVI.G.L. C. 29, § 23A), OIIIY IIIIIai
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			
The performance period for this award is 7/1/20-6/30/21. The how these grant funds were applied. All approved obligations	municipality certifies that t incurred prior to the effecti	ne funds will be used for COA activities, and will complete a 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 and	ount awarded under this	agreement. This contract, once executed by both parties, will	be treated as the sole invoice for he
maximum obligation of this contract. COAs are responsible for ANTICIPATED START DATE: (Complete ONE option only)	returning this executed co	Intract by no later than June 30, 2021.	Contract obligations:
1. may be incurred as of the Effective Date (latest signatur	ne Department and Con	gations have been incurred prior to the Effective Date	Contract obligations.
	n the Effective Date belo	w and no obligations have been incurred prior to the Effective	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 inco	urred prior to the Effective Date are
authorized to be made either as settlement payments or	as authorized reimburser	nent payments, and that the details and circumstances of all	obligations under this Contract are
		eases the Commonwealth from further claims related to thes	
CONTRACT END DATE: Contract performance shall termi amended, provided that the terms of this Contract and perfor	mance expectations and	I 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 pe	rformance, reporting, invoicing or final payments, or during	any lapse between amendments.
CERTIFICATIONS: Notwithstanding verbal or other represen	ntations by the parties, the	"Effective Date" of this Contract or Amendment shall be	the latest date that this Contract or
Amandment has been executed by an authorized signatory of	f the Contractor the Dena	artment, or a later Contract or Amendment Start Date specifi	ed above, subject to any required
approvals. The Contractor certifies that they have access certifications required under the Standard Contract Form Instr	ed and reviewed all doc ructions and Contractor C	etifications under the pains and penalties of periury, and fur	ther agrees to provide any required
documentation upon request to support compliance, and a	agrees that all terms gov	erning 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 Fo			ns, 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 by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR			relevant terms in the RFR and the
Contractor's Response only if made using the process outline	ed in 801 CMR 21.07, inco	orporated herein, provided that any amended RFR or Respon	nse terms result in best value, lower
costs, or a more cost effective Contract.		AUTHORIZING SIGNATION FOR THE COMMONIME	AT TU.
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	-11	AUTHORIZING SIGNATURE FOR THE COMMONWE	7 15-11
X: Joens Date:	7/11/21	X: Dignature and Date Must Be Handwritten	At Time of Signature)
(Signature and Date Must Be Handwritten At Tim	e or algnajure)	Print Name: Kega V (2002)	J. Tillio of olgitature)
Print Name: ANCE GIBEAU Print Title: OA DIRECTOR:		Print Title:	trounting
Liurius: TOU DIKIT IDIS.		The state of the s	actin)
	(Updated 6/3	10/20) Page 1 of 1	

212

ELD

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

https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.	mass.gov/lists/osd-forms.		
CONTRACTOR LEGAL NAME: CITY OF CHICOPEE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 17 SPRINGFIELD ST CHICOPEE, MA 01013-2657		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: SHERRY MANYAK	Phone: 413-534-3698	Billing Address (if different):		
E-Mail: smanyak@chicopeema.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192086		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COACHICOPEE00000		
(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	(E0E)	CONTRACT AMEND Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u></u> ,	
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 on the common of the common only. Attach on the common of the commo		
Notice or RFR, and Response or other procurement support	orting documentation)	Interim Contract (Attach justification for Interim Contr		
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 language specific exemption or earmark, and exception justification, see the content of th	ge, legislation with scope and budget)	Other Procurement Exception (Attach authorizing la scope and budget)	,	
The Standard Contract Form Instructions and Contractor Cinto this Contract and are legally binding: (Check ONE opti-Services Commonwealth ITTerms and Conditions	Certifications and the foon): Commonwealth	Ilowing Commonwealth Terms and Conditions documer Ferms and Conditions <u>✓</u> Commonwealth Terms and Conditi	ntare incorporated by reference ons For Human and Social	
COMPENSATION: (Check ONE option): The Department certiin the state accounting system by sufficient appropriations or o	ther non-appropriated fun	ds, subject to intercept for Commonwealth owed debts under	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 payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued 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 prior to the Effective Date.		
2. may be incurred as of, 20, a date LATER than ✓3. were incurred as of <u>JULY1</u> , 20 <u>20</u> , a date PRIOR to the				
authorized to be made either as settlement payments or a	s authorized reimburseme	ent payments, and that the details and circumstances of all c ases the Commonwealth fromfurther claims related to these	bligations under this Contract are	
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 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 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 Instructions and Contractor Certifications, the Request for Response (RFR) or othersolicitation, 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 begein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.				
AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X:			te:2-11-21	
	(Updated 6/30/	(20) Page 1 of 1		

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

https://www.macomptroller.org/forms. Forms are also posted at	JSD FORMS. https://www.	mass.gov/iisis/osu-ioms.		
CONTRACTOR LEGAL NAME: TOWN OF CHILMARK (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): PO BOX 119 CHILMARK, MA 02535-0119		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: JOYCE ALBERTINE	Phone: 508-693-2896	Billing Address (if different):		
E-Mail: upicoa@comcast.net	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191752		E-Mail: STACEY,OCONNELL@MASS,GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"); AD 001.		MMARS Doc ID(s): FY21COACHILMARK00000		
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-	1040 C-1040L-57550	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		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 ContractForm Instructions and Contractor Control into this Contract and are legally binding: (Check ONE option Services Commonwealth IT Terms and Conditions	ertifications and the foon): Commonwealth -	Illowing Commonwealth Terms and Conditions docume Ferms and Conditions <u>~</u> Commonwealth Terms and Condi	ent are incorporated by reference tions For Human and Social	
COMPENSATION: (Check ONE option): The Department certi in the state accounting system by sufficient appropriations or o Rate Contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum oblig	ther non-appropriated fur all rates, units, calculatio	nds, subject to intercept for Commonwealth owed debts und ns, conditions or terms and any changes if rates or terms a	der 815 CMR 9.00. re being amended.)	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: _v_agree to standard 45 day cyclestatutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.) BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant funding. The performance period for this award is 7/1/20-6/30/21. The municipality certifies that the funds will be used for COA activities, and will complete a final fiscal report accounting for				
how these grant funds were applied. All approved obligations in to be part of this agreement, are to be funded from the total amo maximum obligation of this contract. COAs are responsible form	ncurred prior to the effective ount awarded under this a eturning this executed co	ve date of this agreement (for which payment obligations ha agreement. This contract, once executed by both parties, will ntract by no later than June 30, 2021.	ve been triggered) and are intended I be treated as the sole invoice for fie	
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 JULY1, 20 20, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date 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. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.			ive Date. curred prior to the Effective Date are Il obligations under this Contract are	
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 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 require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes a certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required occumentation 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 effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: Signature and Date Must Be Handwritten At Time of Signature) Print Name: Print Title: Y: (Signature and Date Must Be Handwritten At Time of Signature) Print Title: Print Title: Print Title: Print Title:				

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

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

https://www.macomptroller.org/forms, Forms are also posted at	OSD Forms: https://www.	mass.gov/lists/osd-forms,	published isling at offer offis	
CONTRACTOR LEGAL NAME: TOWN OF CLARKSBURG (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 111 RIVER RD CLARKSBURG, MA 01247-2147		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: DANIELLE LUCHI	Phone: 413-663-8253	Billing Address (if different):	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
E-Mail: coaclarksburg@verizon.net	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191753	,	E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"); AD 001,		MMARS Doc ID(s): FY21COACLARKSBURG000		
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	40C-1040L-57550	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (Includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget) The Standard Contract Form instructions and Contractor Certifications and the found into this Contract and are legally binding: (Check ONE option): Commonwealth Services Commonwealth IT Terms and Conditions		CONTRACT AMEND Enter Current Contract End Date *Prior* to Amendment Enter Amendment Amount: \$	MENT, 20 ') etails of amendment changes.) led scope and budgel) act and updated scope/budget) sudget) suggefjustification and updated it are incorporated by reference ons For Human and Social of this Contract will be supported	
in the state accounting system by sufficient appropriations or one Rate Contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum oblig PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth page 1	all rates, units, calculation pation for total duration of syments are issued thro	ns, conditions or terms and any changes if rates or terms are f this contract (or <i>new</i> total if Contract is being amended). \$ <u>.6</u> ugh EFT 45 days from invoice receipt. Contractors reques	being amended.) 8,000.00. Bling accelerated payments must	
identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 30 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 atocation of available grant funding.				
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 amaximum obligation of this contract, COAs are responsible form	ncurred prior to the effective ount awarded under this a eturning this executed co	ve date of this agreement (for which payment obligations have greement. This contract, once executed by both parties, will b ntract by no later than June 30, 2021.	been triggered) and are intended e treated as the sole involce 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				
	is authorized reimbursem	and the parties agree that payments for any obligations incu ent payments, and that the detalls and circumstances of affic 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 perforn completing any negotiated terms and warranties, to allow any of the completing and the contract of the c	pance expectations and	obligations shall survive its termination for the purpose of r	esolving 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 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 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 COMMONWEALTH:				
X: Tomol Dave Date: 223.2 (Signature and Date Must Be Handwritten At Time of Signature) Print Name: Ronald Boucher Print Title: Chair, Scloct Board. X: (Signature and Date Must Be Handwritten At Time of Signature) Print Title: Print T			e: At Time of Signature) At Country	
	(Undated 6/30	(20) Page 1 of 1	7	

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

https://www.macomptroller.org/forms. Forms are also posted at OSD Forms: https://www.mass.gov/lists/osd-forms.				
CONTRACTOR LEGAL NAME: TOWN OF CLINTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 242 CHURCH ST CLINTON, MA 01510-2631		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: DEBRA GOODSELL	Phone: 978-733-4747	Billing Address (if different):		
E-Mail: dgoodsell@clintonma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191754		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COACLINTON000000		
(Note: The Address ID must be set up for EFT payments.)	İ	RFR/Procurement or Other ID Number: BD-21-1040-10	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 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) Illowing Commonwealth Terms and Conditions document are incorporated by reference		
into this Contract and are legally binding: (Check ONE option):Commonwealth Terms and Conditions \(\subseteq \) Commonwealth Terms and Conditions For Human and Social ServicesCommonwealth IT Terms and Conditions COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) \(\subseteq \) Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended). \(\subseteq \frac{29.640.00}{29.640.00}. \) PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must				
identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason:agree to standard 45 day cyclestatutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.) BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant funding. The performance period for this award is 7/1/20-6/30/21. The municipality certifies that the funds will be used for COA activities, and will complete a final fiscal report accounting for how these grant funds were applied. All approved obligations incurred prior to the effective date of this agreement (for which payment obligations have been triggered) and are intended to be part of this agreement, are to be funded from the total amount awarded under this agreement. This contract, once executed by both parties, will be treated as the sole invoice for the				
maximum obligation of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021. ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:				
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 shall be the latest date that this Contract or Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this Contract or Amendment shall be the shall be t				



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.

https://www.indoonphonor.org/iorno. To the die dee pested de	ODD TOTTION THE OWN THE		
CONTRACTOR LEGAL NAME: TOWN OF COHASSET (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 41 HIGHLAND AVE COHASSET, MA 02025-1822		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: NANCY LAFAUCE	Phone: 781-383-9112	Billing Address (if different):	
E-Mail: nlafauce@cohassetma.org	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191755		E-Mail: STACEY,OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COACOHASSET00000	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	040C-1040L-57550
X NEW CONTRACT		CONTRACT AMENDI	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 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 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 langua	ge, legislation with	Other Procurement Exception (Attach authorizing lan	
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 opti Services Commonwealth IT Terms and Conditions	on):Commonwealth ⁻	Terms and Conditions <u>✓</u> Commonwealth Terms and Condition	ons For Human and Social
COMPENSATION: (Check ONE option): The Department cert in the state accounting system by sufficient appropriations or capragate Contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum obligation	other non-appropriated fur fall rates, units, calculation	nds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms are	er 815 CMR 9.00. e being amended.)
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth paidentify a PPD as follows: Payment issued within 10 days	% PPD; Payment issued we ason: ✓ agree to star	ithin 15 days % PPD; Payment issued within 20 days ndard 45 day cycle statutory/legal or Ready Payments (I	% PPD; Payment issued within 30
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or I municipalities of the Commonwealth, as appropriated in the Ch The performance period for this award is 7/1/20-6/30/21. The n how these grant funds were applied. All approved obligations i to be part of this agreement, are to be funded from the total ammaximum obligation of this contract. COAs are responsible for	REASON FOR AMENDM apter 227 of the Acts of 20 nunicipality certifies that the ncurred prior to the effection ount awarded under this a	ENT: This contract is to distribute a formula grant award to th D20. The award amount is determined by a census-based allo ne funds will be used for COA activities, and will complete a to ve date of this agreement (for which payment obligations have agreement. This contract, once executed by both parties, will be	ocation of available grant funding. final fiscal report accounting for e been triggered) and are intended
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.	5.4
2. may be incurred as of, 20, a date LATER that, 3. were incurred as of <u>JULY 1</u> , 20 <u>20</u> , a date PRIOR to	n the Effective Date below	wand no obligations have been incurred prior to the Effective	e Date.
authorized to be made either as settlement payments or	as authorized reimbursem	nent payments, and that the details and circumstances of all	obligations under this Contract are
		eases the Commonwealth from further claims related to these	
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 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 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 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:			
		Augustin	and ad

(Updated 6/30/20) Page 1 of 1 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.mass.gov/lists/osd-forms.

https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.n	nass.gov/lists/osd-torms.	OFFICE OF FLIDED AFFAIRS
CONTRACTOR LEGAL NAME: TOWN OF COLRAIN (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): PO BOX 3T 55 M 4 I N COL . COLRAIN, MA 01340-0031		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: KEVIN FOX	Phone: 413-624-3454	Billing Address (if different):	
E-Mail: bos@colrain-ma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191756		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD_001.		MMARS Doc ID(s): FY21COACOLRAIN000000	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-	1040C-1040L-57550
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one optio Statewide Contract (OSD or an OSD-designated Departr Collective Purchase (Attach OSD approval, scope, budg Department Procurement (includes all Grants - 815 CMF Notice or RFR, and Response or other procurement sup Emergency Contract (Attach justification for emergency, Contract Employee (Attach Employment Status Form, soc ✓ Other Procurement Exception (Attach authorizing langue specific exemption or earmark, and exception justification, The Standard Contract Form Instructions and Contractor into this Contract and are legally binding: (Check ONE options): The Department ce in the state accounting system by sufficient appropriations or Rate Contract. (No Maximum Obligation) Attach details ✓ Maximum Obligation Contract. Enter total maximum ob	nent) et) 1.2.00) (Solicitation porting documentation) scope, budget) poe, budget) poe, budget) age, legislation with scope and budget) Certifications and the fittion): Commonwealth rtifies that payments for are other non-appropriated fuo fall rates, units, calculatiligation for total duration of	CONTRACT AMENDMENT Enter Current ContractEnd 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) Interimed Conditions of Commonwealth Terms and Conditions For Human and Social Interimed Conditions of the commonwealth Terms and Conditions For Human and Social Interimed Conditions of the commonwealth owed debts under 8 15 CMR 9.00. Interimed Conditions of the commonwealth owed debts under 8 15 CMR 9.00. Interimed Conditions of the commonwealth owed debts under 8 15 CMR 9.00.	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth identify a PPD as follows: Payment issued within 10 days days % PPD. If PPD percentages are left blank, identify payment (subsequent payments scheduled to support stan BRIEF DESCRIPTION OF CONTRACT PERFORMANCE of municipalities of the Commonwealth, as appropriated in the CThe performance period for this award is 7/1/20-6/30/21. The how these grant funds were applied. All approved obligation to be part of this agreement, are to be funded from the total at the control of the control	reason:agree to standard EFT 45 day paymen r REASON FOR AMENDN chapter 227 of the Acts of 2 municipality certifies that s incurred prior to the effect	andard 45 day cycle statutory/legal or Ready Payment t cycle. See Prompt Pay Discounts Policy.) MENT: This contract is to distribute a formula grant award to 2020. The award amount is determined by a census-based the funds will be used for COA activities, and will complete tive date of this agreement (for which payment obligations hagreement. This contract, once executed by both parties, wagreement.	s (M.G.L. c. 29, § 23A); only initial the Councils on Aging of the allocation of available grant funding. a final fiscal report accounting for ave been tripgered) and are intended
maximum obligation of this contract. COAs are responsible to ANTICIPATED START DATE: (Complete ONE option only	The Department and Coure date below) and no other the Effective Date below as a suthorized reimburse from the as a suthorized reimburse from the as of JUNE 30 formance expectations are not close out or transition process.	ntractor certify for this Contract, or Contract Amendment, the obligations have been incurred <u>prior</u> to the Effective Date. The obligations have been incurred <u>prior</u> to the Effective Date, ow and <u>no</u> obligations have been incurred <u>prior</u> to the Effective, and the parties agree that payments for any obligations is the entry payments, and that the details and circumstances of eleases the Commonwealth from further claims related to the entry of the payments, and the obligations shall survive its termination for the purpose performance, reporting, invoicing or final payments, or during the payments, or during the entry of the payments.	at Contract obligations: ctive Date. ncurred prior to the Effective Date are all obligations under this Contract are ese obligations. s date unless the Contract is properly of resolving any claim or dispute, fo ing any lapse between amendments
CERTIFICATIONS: Notwithstanding verbal or other representations. The Contractor certifies that they have accessifications required under the Standard Contract Form Indocumentation upon request to support compliance, and incorporated by reference herein according to the following Standard Contract Form Instructions and Contractor Certifications and Certifications and Certifications and Certific	sentations by the parties, to of the Contractor, the Dessed and reviewed all distructions and Contractor diagrees that all terms phierarchy of document prations, the Request for Retated terms, provided thined in 801 CMR 21.07, in the contractions of the Region of Retated terms and the Region of Retated terms.	he "Effective Date" of this Contract or Amendment shall partment, or a later Contract or Amendment Start Date specuments incorporated by reference as electronically purcertifications under the pains and penalties of perjury, and overning performance of this Contract and doing busin eccedence, the applicable Commonwealth Terms and Condesponse (RFR) or other solicitation, the Contractor's Response.	be the latest date that this Contract o scified above, subject to any required iblished and the Contractor makes al further agrees to provide any required ess in Massachusetts are attached o itions, this Standard Contract Form, thouse (excluding any language stricker the relevant terms in the RFR and the ponse terms result in best value, lower WEALTH:

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.mass.gov/lists/osd-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 CONCORD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): PO BOX 535 CONCORD, MA 01742-0535		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: GINGER QUARLES	Phone: 978-318-3020	Billing Address (if different):	
E-Mail: gquarles@concordma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191757		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COACONCORD000000	•
(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) 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 option Services Commonwealth IT Terms and Conditions	ertifications and the foot on): Commonwealth	ollowing Commonwealth Terms and Conditions docum Terms and Conditions <u>✓</u> Commonwealth Terms and Cond	ent are incorporated by reference itions For Human and Social
COMPENSATION: (Check ONE option): The Department certifing the state accounting system by sufficient appropriations or of	ther non-appropriated fur all rates, units, calculatio	nds, subject to intercept for Commonwealth owed debts un ons, conditions or terms and any changes if rates or terms a	der 815 CMR 9.00. Ire 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) Tr 1. may be incurred as of the Effective Date (latest signature2. may be incurred as of, 20, a date LATER than3. were incurred as of, 20, a date PRIOR to the authorized to be made either as settlement payments or as attached and incorporated into this Contract. Acceptance	date below) and <u>no</u> obliq the Effective Date below, e Effective Date below, s authorized reimbursem	gations have been incurred <u>prior</u> to the Effective Date. v and <u>no</u> obligations have been incurred <u>prior</u> to the Effect and the parties agree that payments for any obligations ind ent payments, and that the details and circumstances of a	ve Date. Surred prior to the Effective Date are loblications under this Contract are
CONTRACT END DATE: Contract performance shall terminal amended, provided that the terms of this Contract and perform completing any negotiated terms and warranties, to allow any cl	ate as of <u>JUNE 30</u> ,	20_21, with no new obligations being incurred after this configurations shall survive its termination for the purpose of	late unless the Contract is properly
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: X: Signature and Date Must Be Handwritten At Time of Signature) Print Name: Print Title:			

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



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

Forms are also posted at OSD Forms: https://www.mass.gov/lists	s/osd-forms.		
CONTRACTOR LEGAL NAME: TOWN OF CONWAY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
(and 0/b/a): Legal Address: (W-9, W-4): PO BOX 240		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
CONWAY, MA 01341-0240		business intimity reactions. The instruction is	011,1101
Contract Manager: PATRICIA ANN LYNCH	Phone: 413-369-4284	Billing Address (if different):	
E-Mail: patricialynch@earthlink.net	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191759		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COACONWAY0000000	
(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	WENT
PROCUREMENT OR EXCEPTION TYPE: (Check one option Statewide Contract (OSD or an OSD-designated DepartmeCollective Purchase (Attach OSD approval, scope, budget)Department Procurement (includes all Grants - 815 CMR 2 Notice or RFR, and Response or other procurement suppo	nt) 2.00) (Solicitation	Enter Current Contract End Date <u>Prior</u> to Amendment: (or "no change" (or "no change" (or "no change" AMENDMENT TYPE: (Check one option only. Attach de Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contract)) etails of amendment changes.) ed scope and budget)
 Emergency Contract (Attach justification for emergency, so Contract Employee (Attach Employment Status Form, scop ✓ Other Procurement Exception (Attach authorizing language specific exemption or earmark, and exception justification, so 	ne, budget) e, legislation with	Contract Employee (Attach any updates to scope or b Other Procurement Exception (Attach authorizing lan scope and budget)	udget)
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 n):Commonwealth T	lowing Commonwealth Terms and Conditions document erms and Conditions ✓ Commonwealth Terms and Conditio	are incorporated by reference ns 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). \$ 6,000.00.			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 45 days% PPD. If PPD percentages are left blank, identify reason: _ agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			% PPD; Payment issued within 30
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 fo 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 intende 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	e Department and Contr	actor certify for this Contract, or Contract Amendment, that C	ontract obligations:
1. may be incurred as of the Effective Date (latest signature			
			red prior to the Effective Date are bligations under this Contract are
CONTRACT END DATE : Contract performance shall termine amended, provided that the terms of this Contract and performance completing any negotiated terms and warranties, to allow any completing any negotiated terms and warranties, to allow any completing any negotiated terms and warranties.	nance expectations and	obligations shall survive its termination for the purpose of I	resolving any claim or dispute, for
CERTIFICATIONS: Notwithstanding verbal or other represent Amendment has been executed by an authorized signatory of approvals. The Contractor certifies that they have accessed certifications required under the Standard Contract Form Instru documentation upon request to support compliance, and ag incorporated by reference herein according to the following hier Standard Contract Form Instructions and Contractor Certifications.	the Contractor, the Depart and reviewed all docuctions and Contractor Cerees that all terms governarchy of document preces	artment, or a later Contract or Amendment Start Date specifi aments incorporated by reference as electronically publish artifications under the pains and penalties of perjury, and furth eming performance of this Contract and doing business in dence, the applicable Commonwealth Terms and Conditions	ied above, subject to any required and the Contractor makes all her agrees to provide any required in Massachusetts are attached or a, this Standard Contract Form, the

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.

Satricia Ann Lynch Date: 1/15/21
(Signature and Date Must Be Handwritten At Time of Signature)

Print Name: PATRICIA AWN WINCH

CHAIR, CONWAY COUNCIL ON AGING

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X: Levelled Authorized Date: 2 8 202 (
Signature and Date Must Be Handwritten At Time of Signature)





This form is jointly issued and published by the Office of the Comptroller (CTR), the Executive Office for Administration and Finance (ANF), and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published formor to the Standard Contract Form Instructions and Contractor Certifications, the Commonwealth Terms and Conditions for Human and Social Services or the Commonwealth IT Terms and Conditions which are incorporated by reference herein. Additional non-conflicting terms may be added by Atlachment. 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.	w
CONTRACTOR LEGAL NAME: TOWN OF CUMMINGTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): PO BOX 33 CUMMINGTON, MA 01026-0033		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: CHRISOULA ROUMELIONS	Phone: 413-634-2262	Billing Address (if different):	
E-Mail: COA@cummington-ma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191760		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COACUMMINGTON000	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-	1040 C-1040L-57550
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department)Collective Purchase (Attach OSD approval, scope, budget)Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation)Emergency Contract (Attach justification for emergency, scope, budget)Contract Employee (Attach Employment Status Form, scope, budget)Contract Employee (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 into this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions	Certifications and the fo on):Commonwealth	ollowing Commonwealth Terms and Conditions docum Terms and Conditions <u><</u> Commonwealth Terms and Cond	ent are incorporated by reference itions 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 o Maximum Obligation Contract. Enter total maximum obli	other non-appropriated fur fall rates, units, calculation	nds, subject to intercept for Commonwealth owed debts un ons, conditions or terms and any changes if rates or terms a	der 815 CMR 9.00. are 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 standard)	% PPD; Payment issued we eason: _✓_agree to stal ard EFT 45 day payment	rithin 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 s (M.G.L. c. 29, § 23A); only initial
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or 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 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 the ncurred prior to the effection ount awarded under this a returning this executed co	O20. The award amount is determined by a census-based a ne funds will be used for COA activities, and will complete a ve date of this agreement (for which payment obligations ha agreement. This contract, once executed by both parties, will intract by no later than June 30, 2021.	llocation of available grant funding, a final fiscal report accounting for tive been triggered) and are intended Il be 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 signatur 2, may be incurred as of, 20, a date LATER tha	e date below) and <u>no</u> obli	galions have been incurred <u>prior</u> to the Effective Date.	tive Date
3. were incurred as of <u>JULY 1</u> , 20 20 , a date PRIOR to authorized to be made either as settlement payments or	the Effective Date below, as authorized reimbursen	and the parties agree that payments for any obligations in sent payments, and that the details and circumstances of a eases the Commonwealth from further claims related to the	curred prior to the Effective Date are Il obligations under this Contract are
CONTRACT END DATE: Contract performance shall termin amended, provided that the terms of this Contract and perfor completing any negotiated terms and warranties, to allow any	mance expectations and close out or transition per	obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during the control of the purpose of the p	of resolving any claim or dispute, for ng any lapse between amendments.
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 required under the Standard Contract Form Instructions and Contract Form Instructions and Contractor Certificate by a Department as unacceptable, and additional negotial Contractor's Response only if made using the process outline costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: Contractor's Response only if Made using the process of the costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: Contractor's Response only if Made using the process outline costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: Contractor's Response only if Made using the process outline costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: Contractor's Response only if Made using the process outline costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: Contractor's Response only if Made using the process outline costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: Contractor's Response only if Made using the process outline costs, or a more cost effective Contract.	the Contractor, the Depart and reviewed all docuctions and Contractor Cogrees that all terms governarchy of document precions, the Request for Resed terms, provided that din 801 CMR 21.07, inco	artment, or a later Contract or Amendment Start Date spectuments incorporated by reference as electronically pubertifications under the pains and penalties of perjury, and fiverning performance of this Contract and doing business edence, the applicable Commonwealth Terms and Conditions (RFR) or other solicitation, the Contractor's Responsed ditional negotiated terms will take precedence over the reporated herein, provided that any amended RFR or Responsed to the result of the common will be reported to the common will be	ified above, subject to any required lished and the Contractor makes all urther agrees to provide any required as 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:
	(Undated 6/3	0/20) Page 1 of 1 and Con	V HOTIN)

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

This form is jointly issued and published by the Office of the Comptroller (CTR), the Executive Office for Administration and Finance (ANF), and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form 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.i	mass.gov/lists/osd-forms.	, published forms at OTIC Forms.	
CONTRACTOR LEGAL NAME: TOWN OF DALTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 462 MAIN ST DALTON, MA 01226-1601		Business Mailing Address: 1 ASHBURTON PL BOST	ON, MA 02108	
Contract Manager: KELLY PIZZI	Phone: 413-684-2000	Billing Address (if different):		
E-Mail: kpizzi@dalton-ma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191761		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COADALTON0000000		
(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	18/8//	CONTRACT AMEND Enter Current Contract End Date <u>Prior</u> to Amendment: Enter Amendment Amount: \$ (or "no change	, 20	
Statewide Contract (OSD or an OSD-designated Departm Collective Purchase (Attach OSD approval, scope, budge	ent) f)	AMENDMENT TYPE: (Check one option only. Attach d		
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 Emergency Contract (Attach justification for emergency, s		Interim Contract (Attach justification for Interim Contract		
Contract Employee (Attach Employment Status Form, sco	pe, budget)	Contract Employee (Attach any updates to scope or I		
✓ Other Procurement Exception (Attach authorizing langua specific exemption or earmark, and exception justification, specific exemption). ✓ Other Procurement Exception (Attach authorizing langua specific exemption). ✓ Other Procurement Exception (Attach authorizing langua specific exemption). ✓ Other Procurement Exception (Attach authorizing langua specific exemption). ✓ Other Procurement Exception (Attach authorizing langua specific exemption). ✓ Other Procurement Exception (Attach authorizing langua specific exemption). ✓ Other Procurement Exception (Attach authorizing langua specific exemption). ✓ Other Procurement Exception (Attach authorizing langua specific exemption). ✓ Other Procurement Exception (Attach authorizing langua specific exemption). ✓ Other Procurement Exception (Attach authorizing langua specific exemption). ✓ Other Procurement Exception (Attach authorizing langua specific exemption). ✓ Other Procurement Exception (Attach authorizing langua specific exemption). ✓ Other Procurement Exception (Attach authorizing langua specific exemption). ✓ Other Procurement Exception (Attach authorizing langua specific exemption). ✓ Other Procurement Exception (Attach authorizing langua specific exemption). ✓ Other Procurement Exception (Attach authorizing langua specific exemption). ✓ Other Procurement Exception (Attach authorizing langua specific exemption). ✓ Other Procurement Exception (Attach authorizing langua specific exemption). ✓ Other Procurement Exception (Attach authorizing langua specific exemption). ✓ Other Procurement Exception (Attach authorizing langua specific exemption). ✓ Other Procurement Exception (Attach authorizing langua specific exemption). ✓ Other Procurement Exception (Attach authorizing langua specific exemption). ✓ Other Procurement Exception (Attach authorizing langua specific exemption). ✓ Other Procurement Exception (Attach authorizing langua specific exemption). ✓ Other Procurement Exception (Attach authorizing langua specific exemption). ✓ Othe		Other Procurement Exception (Attach authorizing last scope and budget)	nguage/justification and updated	
The Standard Contract Form Instructions and Contractor into this Contract and are legally binding: (Check ONE options of the Contract of the C	Certifications and the fo	Terms and Conditions <u>✓</u> Commonwealth Terms and Conditi	ons For Human and Social	
COMPENSATION: (Check ONE option): The Department cerin the state accounting system by sufficient appropriations or a Rate Contract. (No Maximum Obligation) Attach details or Maximum Obligation Contract. Enter total maximum obligation	other non-appropriated fur f all rates, units, calculatio	nds, 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 p identify a PPD as follows: Payment issued within 10 days adays PPD. If PPD percentages are left blank, identify payment (subsequent payments scheduled to support standard)	% PPD; Payment issued w eason: _✓_agree to star ard 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 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 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 municipality certifies that th incurred prior to the effecti nount awarded under this a	D20. The award amount is determined by a census-based allone funds will be used for COA activities, and will complete a vertile of this agreement (for which payment obligations have greement. This contract, once executed by both parties, will be	ocation of available grant funding. final fiscal report accounting for e been triggered) and are intended	
ANTICIPATED START DATE: (Complete ONE option only)			Contract obligations:	
1. may be incurred as of the Effective Date (latest signatur	e date below) and <u>no</u> obli	gations have been incurred <u>prior</u> to the Effective Date.	n Data	
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 these	urred prior to the Effective Date are obligations under this Contract are e 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 daimor 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 Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes a certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any require documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached of incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricke by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.				
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	111	AUTHORIZING SIGNATURE FOR THE COMMONWE	ALTH:	
X:	e of Signature)	X: Feelful Goldstern, D: (Signature and Date Must Be Handwritten Print Name: Levened Coulst	At Time of Signature)	
Print Name: Sandra J-Albuno.		Print Name: Keenel Cold Stern		
Print Title: Interim Town Manage	I .	Print Title:	•	

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

https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.	mass.gov/iists/osd-iorms.	
CONTRACTOR LEGAL NAME: TOWN OF DANVERS (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4):1 SYLVAN ST DANVERS, MA 01923-2790		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: PAMELA K. PARKINSON	Phone: 978-762-0208	Billing Address (if different):	
E-Mail: pparkinson@danversma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191762		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COADANVERS000000	!
(Note: The Address ID must be set up for EFT payments.)	ia .	RFR/Procurement or Other ID Number: BD-21-1040-	1040 C-1040L-57550
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department)Collective Purchase (Attach OSD approval, scope, budget)Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation)Emergency Contract (Attach justification for emergency, scope, budget)Contract Employee (Attach Employment Status Form, scope, budget)Other Procurement Exception (Attach authorizing language, legislation with)		CONTRACT AMENDMENT Enter Current Contract End Date Prior to Amendment:, 20 Enter Amendment Amount: \$ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) Amendment to Date, Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget) Contract Employee (Attach any updates to scope or budget) Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)	
specific exemption or earmark, and exception justification, 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	certifications and the foon): Commonwealth	Terms and Conditions <u><</u> Commonwealth Terms and Condi	tions For Human and Social
COMPENSATION: (Check ONE option): The Department certi in the state accounting system by sufficient appropriations or o Rate Contract. (No Maximum Obligation) Attach details of ✓ Maximum Obligation Contract. Enter total maximum oblig	ther non-appropriated fur all rates, units, calculatio	nds, subject to intercept for Commonwealth owed debts unons, conditions or terms and any changes if rates or terms a	der 815 CMR 9.00. re being amended.)
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued with 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 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) 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.			ive Date. curred prior to the Effective Date are llobligations under this Contract are se obligations.
CONTRACT END DATE: Contract performance shall termine amended, provided that the terms of this Contract and perform completing any negotiated terms and warranties, to allow any of	nance expectations and lose out or transition per	obligations shall survive its termination for the purpose o formance, reporting, invoicing or final payments, or durin	f resolving 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 Start Date specified above, subject to any rapprovals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor mertifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are atta incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best values of the contractor of the contrac			fied above, subject to any required ished and the Contractor makes all rither agrees to provide any required is in Massachusetts are attached or ns, this Standard Contract Form, he se (excluding any language stricken to relevant terms in the RFR and the nse terms result in best value, lower EALTH:

(Updated 6/30/20) Page 1 of 10 10 Co WHY ACT W

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.macomotroller.org/forms. Forms are also posted at OSD Forms: https://www.macomotroller.org/forms.

https://www.macompiroller.org/lonns. Forms are also posted at	OOD FOITIS, Hups.//www.	indaa.goviiia.aioad-ioiina.	
CONTRACTOR LEGAL NAME: TOWN OF DEDHAM (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 26 BRYANT ST DEDHAM, MA 02026-4458		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: SHEILA PRANSKY	Phone: 781-326-1650	Billing Address (if different):	
E-Mail: spransky@dedham-ma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191767		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COADEDHAM0000000	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-1	040 C-1 040 L-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 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 Employment Status Form, scoper Other Procurement Exception (Attach authorizing languages specific exemption or earmark, and exception justification, see 	e, legislation with cope and budget)	Contract Employee (Attach any updates to scope or a Contract Employee) Other Procurement Exception (Attach authorizing lasscope and budget)	nguage/justification and updated
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 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 certiin the state accounting system by sufficient appropriations or o Rate Contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum obligation	ther non-appropriated fur all rates, units, calculatio	nds, subject to intercept for Commonwealth owed debts 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 payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued 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	CHICANATA II MARKATORA MARKATA GORGANI MARKATA IN MARKATA IN CANADA MARKATA MARKATA MARKATA MARKATA MARKATA MA	50 10 10 10 10 10 10 10 10 10 10 10 10 10	Contract obligations:
1. may be incurred as of the Effective Date (latest signature 2. may be incurred as of, 20 , a date LATER thar	the Effective Date below	gations nave been incurred <u>prior</u> to the Effective Date. v and no obligations have been incurred prior to the Effectiv	e Date.
3. were incurred as of <u>JULY 1</u> , 20 20 , a date PRIOR to the authorized to be made either as settlement payments or a settlement payments.	ne Effective Date below, s 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 perform completing any negotiated terms and warranties, to allow any or	ance 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 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 a certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any 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 stricked by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, low costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X:			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 cexcluding any language stricken relevant terms in the RFR and the ise terms result in best value, lower

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

Tyl D



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/lists/osd-forms.	96 01	
CONTRACTOR LEGAL NAME: TOWN OF DEERFIELD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 8 CONWAY ST SOUTH DEERFIELD, MA 01373-1021		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: CHRISTINA JOHNSON	Phone: 413-665-2141	Billing Address (if different):		
E-Mail: scsc@town.deerfield.ma.us	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191764		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COADEERFIELD0000		
(Note: The Address ID must be set up for EFT payments.)	œ.	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 <u>Prior</u> to Amendment:		
Statewide Contract (OSD or an OSD-designated Departm	35.0	Enter Amendment Amount: \$ (or "no chang		
Collective Purchase (Attach OSD approval, scope, budge	t)	AMENDMENT TYPE: (Check one option only. Attach		
 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 Cont		
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 opt Services Commonwealth IT Terms and Conditions	Certifications and the footion): Commonwealth	ollowing Commonwealth Terms and Conditions docume Terms and Conditions <u>✓</u> Commonwealth Terms and Conditions	nt are incorporated by reference ions For Human and Social	
COMPENSATION: (Check ONE option): The Department cer in the state accounting system by sufficient appropriations or Rate Contract. (No Maximum Obligation) Attach details o Maximum Obligation Contract. Enter total maximum obligation	other non-appropriated fur fall rates, units, calculation gation for total duration o	nds, subject to intercept for Commonwealth owed debts unc ons, conditions or terms and any changes if rates or terms a f this contract (or <i>new</i> total if Contract is being amended). \$	ler 815 CMR 9.00. re being amended.) 14,568.00.	
identify a PPD as follows: Payment issued within 10 days days % PPD. If PPD percentages are left blank, identify repayment (subsequent payments scheduled to support stand	PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued 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 municipalities of the Commonwealth, as appropriated in the Ct 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 ammaximum obligation of this contract. COAs are responsible for	apter 227 of the Acts of 20 municipality certifies that the ncurred prior to the effection to unit awarded under this a returning this executed co	D20. The award amount is determined by a census-based all ne funds will be used for COA activities, and will complete a ve date of this agreement (for which payment obligations have agreement. This contract, once executed by both parties, will intract by no later than June 30, 2021.	ocation of available grant funding. final fiscal report accounting for we been triggered) and are intended be treated as the sole invoice for the	
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:				
1. may be incurred as of the Effective Date (latest signatur	e date below) and <u>no</u> obli	gations have been incurred <u>prior</u> to the Effective Date.	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	n the Effective Date below	w and no obligations have been incurred prior to the Effecti	ve Date.	
authorized to be made either as settlement payments or attached and incorporated into this Contract. Acceptance	as authorized reimbursen e of payments forever rele	nent payments, and that the details and circumstances of al eases the Commonwealth from further claims related to thes	l obligations under this Contract are se obligations.	
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 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 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 COMMONWEALTH: X:				
Print Name: Christina Johnson.		Print Name: Raehel Goldsten		

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.

CONTRACTOR LEGAL NAME: TOWN OF DENNIS		THE PARTY OF THE P			
(and d/b/a):		.mass.gov/lists/osd-forms. COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:			
Legal Address: (W-9, W-4): 485 MAIN ST SOUTH DENNIS, MA 02660-3600		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108			
Contract Manager: BRENDA VAZQUEZ	Phone: 508-385-5067	Billing Address (if different):			
E-Mail: bvazquez@town.dennis.ma.us	Fax: 508-385-5288	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419		
Contractor Vendor Code: VC6000191768		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368		
Vendor Code Address ID (e.g. "AD001"): AD_001.		MMARS Doc ID(s): FY21COADENNIS0000000	MMARS Doc iD(s): FY21COADENNIS0000000		
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	040C-1040L-57550		
X NEW CONTRACT PROCUREMENT OR 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 updatedscope 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 arelegally binding: (Check ONE opt Services Commonwealth IT Terms and Conditions	Certifications and the fo	llowing Commonwealth Terms and Conditions documer Terms and Conditions <u>~</u> Commonwealth Terms and Condition	ntare incorporated by reference ons For Human and Social		
COMPENSATION: (Check ONE option): The Department cer	other non-appropriated fun of all rates, units, calculation	ids, subject to intercept for Commonwealth owed debts unde 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 payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued 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 formulagrant award to the Councils on Aging of the municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. Theaward 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 is 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	incurred priorto the effectiv nount awarded under this a returning this executed cor	re date of this agreement (for which payment obligations have greement. This contract, onceexecuted by both parties, will b ntract by no later than June 30, 2021.	e 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, that Contract obligations:					
	n the Effective Date below	y and no 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 authorized to be made either as settlement payments or	the Effective Date below, as authorized reimbursem	and the parties agree that payments for any obligations incu ent payments, and that the details and circumstances of allo ases the Commonwealth fromfurther claims related to these	rred prior to the Effective Date are obligations under this Contract are		
amended provided that the terms of this Contract and perfor	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 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 required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes a certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are altached 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 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 effective Contract.					
AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X:			te: 3 -25-2/		

D



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.mass.gov/lists/isof-forms.

nttps://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.	mass.gov/iisis/osd-torms.	
CONTRACTOR LEGAL NAME: TOWN OF DIGHTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 300 MAIN ST DIGHTON, MA 02715-1204		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: ALICE E. SOUZA	Phone: 508-823-0095	Billing Address (if different):	
E-Mail: councilonaging@townofdighton.com	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191769		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COADIGHTON000000	
(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		CONTRACT AMENDMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check one option only)		Enter Current Contract End Date <u>Prior</u> to Amendment:, 20	
Statewide Contract (OSD or an OSD-designated Departm		Enter Amendment Amount: \$ (or "no change")	
Collective Purchase (Attach OSD approval, scope, budge		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		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, scoper Other Procurement Exception (Attach authorizing language)	oe, budget) ne. legislation with	Other Procurement Exception (Attach authorizing language/justification and updated	
specific exemption or earmark, and exception justification,		scope and budget)	
The Standard Contract Form Instructions and Contractor of into this Contract and are legally binding: (Check ONE opti	Commonwealth	Illowing Commonwealth Terms and Conditions documen	tare incorporated by reference
Services Commonwealth IT Terms and Conditions	on, connonwealth	Tems and Conditions - Community earth 1 tems and Condition	and occide
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 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 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 re	eason: 🗹 agree to star	ndard 45 day cycle statutory/legal or Ready Payments (I	MG.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 Ch	apter 227 of the Acts of 20	20. The award amount is determined by a census-based allo	cation of available grant funding.
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			
ANTICIPATED START DATE: (Complete ONE option only) T		····	contract obligations:
1. may be incurred as of the Effective Date (latest signature2. may be incurred as of, 20, a date LATER than			o Date
✓ 3. were incurred as of JULY 1, 20 20 , a date PRIOR to t			
authorized to be made either as settlement payments or a	as authorized reimbursem	ent payments, and that the details and circumstances of all c	obligations under this Contract are
	and the same of the same	ases the Commonwealth from further claims related to these	
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 claim or dispute, for			
completing any negotiated terms and warranties, to allow any			
CERTIFICATIONS: Notwithstanding verbal or other represen	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 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 FormInstructions 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 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 COMMONWEA	I TU:
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	Lor In	1/100 0011/000 00 10)-1X-d1
	1/25/21.	X: Signature and Date Must Be Handwritten	
(Signature and Date Must Be Mandwritten At Time of Signature) Print Name: Brett Rografos Print Name:		Print Name: 299 Con Con Con Con Con Con Con Con Con Con	
	ectmen	Print Title:	HUDUING
		an lov	TrAETIN
	(Updated 6/30	0/20) Page 1 of 1	

7

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 DOUGLAS (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 29 DEPOT ST EAST DOUGLAS, MA 01516-2374		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: PATRICE ROUSSEAU	Phone: 508-476-2283	Billing Address (if different):	
E-Mail: prousseau@douglasma.org	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191770		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD_001.		MMARS Doc ID(s): FY21COADOUGLAS000000	
(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
Y NEW CONTRACT		CONTRACT AMENDMENT	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only)		Enter Current Contract End Date Prior to Amendment:, 20	
Statewide Contract (OSD or an OSD-designated Departm		Enter Amendment Amount: \$ (or "no change")	
Collective Purchase (Attach OSD approval, scope, budge	t)	${\bf AMENDMENT\ TYPE:\ (Check\ one\ option\ only.\ Attach\ details\ of\ amendment\ changes.)}$	
Department Procurement (includes all Grants - 815 CMR Notice or RFR, and Response or other procurement supp		Amendment to Date, Scope or Budget (Attach updated scope and budget)	
Emergency Contract (Attach justification for emergency, s		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, sco		Other Procurement Exception (Attach authorizing la	
Other Procurement Exception (Attach authorizing language specific exemption or earmark, and exception justification, see the content of th		scope and budget)	nguagerjustilication and updated
The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions documentare incorporated by reference into this Contract and are legally binding: (Check ONE option):Commonwealth Terms and Conditions \(\subseteq \cdot \) Commonwealth Terms and Conditions For Human and Social ServicesCommonwealth IT Terms and Conditions			
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. Rate 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). \$ 12,972.00.			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: 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:			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 Date2. may be incurred as of, 20, a date LATER than the Effective Date below and <u>no</u> obligations have been incurred <u>prior</u> to the Effective Date.			
		ent payments, and that the details and circumstances of all	
attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.			
CONTRACT END DATE: Contract performance shall termin amended, provided that the terms of this Contract and perform completing any negotiated terms and warranties, to allow any	nance expectations and	obligations shall survive its termination for the purpose of	resolving any claim or dispute, for
CERTIFICATIONS: Notwithstanding verbal or other represent Amendment has been executed by an authorized signatory of approvals. The Contractor certifies that they have accesse certifications required under the Standard Contract Form Instructions and contract Form Instructions and Contract Form Instructions and Contractor Certification by a Department as unacceptable, and additional negotiate Contractor's Response only if made using the process outlined costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: (Signature and Date Must Be Handwritten At Time Print Name:	the Contractor, the Depad and reviewed all doctons and Contractor Cegrees that all terms governors, the Request for Resed terms, provided that all in 801 CMR 21.07, incompany to the Contractor of the Contractor	rtment, or a later Contract or Amendment Start Date specifications incorporated by reference as electronically publis entifications under the pains and penalties of perjury, and furtherning performance of this Contract and doing business redence, the applicable Commonwealth Terms and Condition ponse (RFR) or other solicitation, the Contractor's Response additional negotiated terms will take precedence over the reporated herein, provided that any amended RFR or Response AUTHORIZING SIGNATURE FOR THE COMMONWEA	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 ise terms result in best value, lower ALTH:
Print Title: The Application Application of the Print Title: Print Title:			Marine 1

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

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.mass.gov/lists/osd-forms.

https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.i	mass.gov/lists/osd-forms.		
CONTRACTOR LEGAL NAME: TOWN OF DRACUT (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 62 ARLINGTON ST DRACUT, MA 01826-3953		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: BETHANY LOVELESS	Phone: 978-957-2611	Billing Address (if different):		
E-Mail: bloveless@dracutma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191772		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COADRACUT0000000		
(Note: The Address ID must be set up for EFT payments.)	Ì	RFR/Procurement or Other ID Number: BD-21-1040-1040C-1040L-57550		
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget)		CONTRACT AMENDMENT Enter Current Contract End 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		
✓ Other Procurement Exception (Attach authorizing langua		scope and budget)	inguagajuounoauon ana apaatoa	
specific exemption or earmark, and exception justification, scope and budget) The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions document are incorporated by reference into this Contract and are legally binding: (Check ONE option):Commonwealth Terms and Conditions \(\subseteq \) Commonwealth Terms and Conditions For Human and Social ServicesCommonwealth IT Terms and Conditions				
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.				
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: 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.			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:				
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 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, he 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 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 COMMONWEALTH: X:				

This form is jointly issued and published by the Office of the Comptroller (CTR), the Executive Office for Administration and Finance (ANF), and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published formor to the **Standard Contract Form Instructions and Contractor Certifications**, the **Commonwealth Terms and Conditions for Human and Social Services** or the **Commonwealth IT Terms and Conditions** which are incorporated by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access published forms at CTR Forms: https://www.maccomptroller.org/forms. 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.mass.gov/lists/osd-forms.			
CONTRACTOR LEGAL NAME: TOWN OF DUNSTABLE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 511 MAIN ST DUNSTABLE, MA 01827-1313		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: ANNE FENOCHETTI	Phone: 978-649-4514	Billing Address (if different):	
E-Mail: afenochetti@Dunstable-ma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191774		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD_001.		MMARS Doc ID(s): FY21COADUNSTABLE0000	
(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		CONTRACT AMENDMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check one option	n only)	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20	
Statewide Contract (OSD or an OSD-designated Departm Collective Purchase (Attach OSD approval, scope, budge		Enter Amendment Amount: \$ (or "no change")	
Department Procurement (includes all Grants - 815 CMR	2.00) (Solicitation	AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) Amendment to Date, Scope or Budget (Attach updated scope and budget)	
Notice or RFR, and Response or other procurement supp	orting documentation)	Interim Contract (Attach justification for Interim Contra	
Emergency Contract (Attach justification for emergency, s Contract Employee (Attach Employment Status Form, sco)		Contract Employee (Attach any updates to scope or b	
✓ Other Procurement Exception (Attach authorizing language)	ge, legislation with	Other Procurement Exception (Attach authorizing lar scope and budget)	nguage/justification and updated
specific exemption or earmark, and exception justification, s	1 0 7	a second transfer and the second seco	tare incorporated by reference
The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions document are incorporated by reference into this Contract and are legally binding: (Check ONE option): Commonwealth Terms and Conditions \(\sqrt{C}\) Commonwealth Terms and Conditions For Human and Social 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	of this Contract will be supported
in the state accounting system by sufficient appropriations or cRate Contract. (No Maximum Obligation) Attach details of	other non-appropriated ful all rates units calculation	nds, subject to intercept for Commonwealth owed debts unde	r 815 CMR 9.00.
✓ Maximum Obligation Contract. Enter total maximum oblig	gation for total duration o	f this contract (or new total if Contract is being amended). \$ <u>6</u>	3,108.00.
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pa	ayments are issued thro	ugh EFT 45 days from invoice receipt. Contractors reques	sting accelerated payments must
identify a PPD as follows: Payment issued within 10 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 payment (subsequent payments scheduled to support standa	eason: <u>v</u> agree to sta ard EFT 45 day payment	ndard 45 day cycle statutory/legal or Ready Payments (I cycle. See Promot Pay Discounts Policy.)	AG.L. c. 29, § 23A); only initial
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or F	REASON FOR AMENDM	ENT: This contract is to distribute a formula grant award to the	e Councils on Aging of the
municipalities of the Commonwealth, as appropriated in the Cha The performance period for this award is 7/1/20-6/30/21. The m	apter 227 of the Acts of 20	020. The award amount is determined by a census-based allower funds will be used for COA activities, and will complete a fi	cation of available grant funding.
how these grant funds were applied. All approved obligations in	ncurred prior to the effecti	ve 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 amo	ount awarded under this a	greement. This contract, once executed by both parties, will b	e treated as the sole invoice for the
max imum 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 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 <u>JULY 1</u> , 20 <u>20</u> , a date PRIOR to the authorized to be made either as settlement payments or a settlement payments or a settlement payments or a settlement payment.	he Effective Date below,	and the parties agree that payments for any obligations incur	red prior to the Effective Date are
authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.			
CONTRACT END DATE: Contract performance shall terminate as of			
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 FormInstructions 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 FormInstructions 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			
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:	11/101	AUTHORIZING SIGNATURE FOR THE COMMONWEAR	LTH:
X:	2/16/21	X: Day Conney Dat	e: 3-25-21
(Signature and Date Must Be Handwritten At Time of Signature)		(Signature and Date Must Be Handwritten At Time of Signature)	
Print Name: Brion Pulping Print Title: Traush Advances Broken		Print Name: Con Con Con Con Con Con Con Con Con Con	
THE THE THE THE PARTY AND THE THE THE THE THE THE THE THE THE THE		Print title: V / b · · · · · · · · · · · · · · · · · ·	II / I / A-OUT Y I L I

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.maccomptroller.org/forms.

Forms are also posted at OSD Forms: https://www.mass.gov/lists	s/osa-torms.		
CONTRACTOR LEGAL NAME: TOWN OF DUXBURY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 878 TREMONT ST DUXBURY, MA 02332-4455		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: JOANNE MOORE	Phone: 781-934-5774	Billing Address (if different):	
E-Mail: JoanneMoore@duxburycoa.com	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191775		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COADUXBURY000000	
(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		CONTRACT AMENDMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check one option only)		Enter Current Contract End Date <u>Prior</u> to Amendment:, 20	
Statewide Contract (OSD or an OSD-designated Department)		Enter Amendment Amount: \$ (or "no change")	
Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes all Grants - 815 CMR 2		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 suppo	rting documentation)	Interim Contract (Attach justification for Interim Contra	
Emergency Contract (Attach justification for emergency, so Contract Employee (Attach Employment Status Form, scop		Contract Employee (Attach any updates to scope or b	
✓ Other Procurement Exception (Attach authorizing language		Other Procurement Exception (Attach authorizing lan	
specific exemption or earmark, and exception justification, so	THE RESERVE OF THE PERSON NAMED IN	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	ertifications and the fol on): Commonwealth T	lowing Commonwealth Terms and Conditions document erms and Conditions ✓ Commonwealth Terms and Condition	are incorporated by reference ins For Human and Social
COMPENSATION: (Check ONE option): The Department certif	ies 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 of Rate Contract. (No Maximum Obligation) Attach details of	her non-appropriated fun all rates units calculation	ds, subject to intercept for Commonwealth owed debts unde ns, conditions or terms and any changes if rates or terms are	r 815 CMR 9.00. being amended.)
✓ Maximum Obligation Contract. Enter total maximum oblig			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued 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) To	ne Department and Contr	ractor 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 <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 .IUI Y 1, 20 20 a date PRIOR to t	he Effective Date below.	and the parties agree that payments for any obligations incur	rred prior to the Effective Date are
3. were incurred as of JULY 1, 20 20 , a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.			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 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 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 COMMONWEALTH: X: AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: Date: AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: Date: Date: Date: AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: Date: Da			
X:	of Signature)	(Signature and Date Must Be Handwritten) Print Name: Print Title:	At Time of Signature)
Time ride. Tom managor .			mc And
		and contro	/

0