

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-torms.		
CONTRACTOR LEGAL NAME: TOWN OF EAST BRIDGEWATER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 175 CENTRAL ST E BRIDGEWATER, MA 02333-1912		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: NANCY G. HILL	Phone: 508-378-1610	Billing Address (if different):		
E-Mail: nhill@ebmass.com	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191776		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAEBRIDGEWATER0		
(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	a only)	CONTRACT AMEND		
Statewide Contract (OSD or an OSD-designated Departm	VECET	Enter Amendment Amount: \$ (or "no change		
Collective Purchase (Attach OSD approval, scope, budge	t)	AMENDMENT TYPE: (Check one option only. Attach d	letails 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		
Emergency Contract (Attach justification for emergency, s		Interim Contract (Attach justification for Interim ContractContract Employee (Attach any updates to scope or to		
Contract Employee (Attach Employment Status Form, sco		Other Procurement Exception (Attach authorizing lai		
Other Procurement Exception (Attach authorizing langua specific exemption or earmark, and exception justification,		scope and budget)	nguagajustilication and updated	
The Standard Contract Form Instructions and Contractor into this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions	Certifications and the fo			
COMPENSATION: (Check ONE option): The Department cert	lifies that navments 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 of	other non-appropriated fur	nds, subject to intercept for Commonwealth owed debts unde	er 815 CMR 9.00.	
Rate Contract. (No Maximum Obligation) Attach details of				
✓ Maximum Obligation Contract. Enter total maximum obligation				
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth paidentify a PPD as follows: Payment issued within 10 days				
days% PPD. If PPD percentages are left blank, identify re	eason: 🗸 agree to star	ndard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial	
payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)				
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant further performance period for this award is 7/1/20-6/30/21. The municipality certifies that the funds will be used for COA activities, and will complete a final fiscal report account how these grant funds were applied. All approved obligations incurred prior to the effective date of this agreement (for which payment obligations have been triggered) and are in 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 invo			ocation of available grant funding. final fiscal report accounting for been triggered) and are intended	
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	e date below) and <u>no</u> obli	gations have been incurred prior to the Effective Date.		
2. may be incurred as of, 20, a date LATER that				
	as authorized reimbursem	and the parties agree that payments for any obligations incu pent payments, and that the details and circumstances of allo pases the Commonwealth from further claims related to these	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 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, is 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 terms result in best value, low				
costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X:			te: 2-18-2/	
	(Updated 6/3)	0/20) Page 1 of 1	V	

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https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.	mass.gov/lists/osd-torms.	
CONTRACTOR LEGAL NAME: TOWN OF EASTHAM (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 2500 STATE HWY EASTHAM, MA 02642-2589		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: DOROTHY BURRITT	Phone: 508-255-6164	Billing Address (if different):	
E-Mail: coadirector@eastham-ma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191779		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAEASTHAM000000	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	040 C-1040 L-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 <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 specific exemption or earmark, and exception justification, s		Other Procurement Exception (Attach authorizing laid scope and budget)	nguagajustilication 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 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 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 under Ins, 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; 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 allocation of available grant f. 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 account how these grant funds were applied. All approved obligations incurred prior to the effective date of this agreement (for which payment obligations have been triggered) and are 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 involved in the contract. COAs are responsible for returning this executed contract by no later than June 30, 2021.			cation of available grant funding. final fiscal report accounting for e been triggered) and are intended be treated as the sole invoice for the
ANTICIPATED START DATE: (Complete ONE option only)			Contract obligations:
1. may be incurred as of the Effective Date (latest signature 2. may be incurred as of, 20, a date LATER than	date below) and <u>no</u> oblig	gations have been incurred <u>prior</u> to the Effective Date.	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	nance expectations and	obligations shall survive its termination for the purpose of	resolving any claim or dispute, for
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contractor Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any recapprovals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor materifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any redocumentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attact incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract For Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language st by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR at Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: Signature and Date Must Be Handwritten At Time of Signature) Print Name: Print Title: Print Title: Print Title: Print Title:			ed above, subject to any required hed and the Contractor makes all her agrees to provide any required in Massachusetts are attached or s, this Standard Contract Form, the elected of the second terms in the RFR and the se

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https://www.macomptroller.org/forms. Forms are also posted at OSD Forms: https://www.mass.gov/lists/osd-forms.				
CONTRACTOR LEGAL NAME: CITY OF EASTHAMPTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 50 PAYSON AVE EASTHAMPTON, MA 01027-2255		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: BRENDAN ROGERS	Phone: 413-527-6151	Billing Address (if different):		
E-Mail: brogers@easthampton.org	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191781		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAEASTHAMPTON00		
(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	
X NEW CONTRACT PROCUREMENT OR 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 fointo this Contract and are legally binding: (Check ONE option): Commonwealth		CONTRACT AMENDMENT Enter Current Contract End 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 ferms and Conditions ✓ 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 sup in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended). \$\frac{42,060.00}{42,060.00} PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payment identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days			der 815 CMR 9.00. re being amended.) 42,060.00. esting accelerated payments must _% PPD; Payment issued within 30	
payment (subsequent payments scheduled to support standard EFT 45 day payment BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDM municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 20 The performance period for this award is 7/1/20-6/30/21. The municipality certifies that the how these grant funds were applied. All approved obligations incurred prior to the effect to be part of this agreement, are to be funded from the total amount awarded under this a maximum obligation of this contract. COAs are responsible for returning this executed co		ENT: This contract is to distribute a formula grant award to 020. The award amount is determined by a census-based all ne funds will be used for COA activities, and will complete a we 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.	location of available grant funding. I 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)			t Contract obligations:	
1. may be incurred as of the Effective Date (latest signature	e date below) and <u>no</u> oblig	gations have been incurred <u>prior</u> to the Effective Date.	ivo Data	
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 incurred prior to the Effective Date are ment payments, and that the details and circumstances of all obligations under this Contract are leases 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 performance completing any negotiated terms and warranties, to allow any	mance expectations and	obligations shall survive its termination for the purpose of	fresolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contractor Amendment Start Date specified above, subject to any approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are att 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 vacosts, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: Signature and Date Must Be Handwritten At Time of Signature)			fied above, subject to any required ished and the Contractor makes all rither agrees to provide any required is in Massachusetts are attached or one, this Standard Contract Form, the se (excluding any language stricken a relevant terms in the RFR and the onse terms result in best value, lower EALTH: Date: 2002 1000 1000 1000 1000 1000 1000 100	

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CONTRACTOR LEGAL NAME: TOWN OF EASTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 136 ELM ST NORTH EASTON, MA 02356-1462		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: KRISTIN KENNEDY	Phone: 508-238-3160	Billing Address (if different):	
E-Mail: kkennedy@easton.ma.us	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191783	TWA	E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001,			Fax: 017-727-9300
(Note: The Address ID must be set up for EFT payments.)		MMARS Doc ID(s): FY21COAEASTON0000000	
		RFR/Procurement or Other ID Number: BD-21-1040-10	
X NEW CONTRACT		CONTRACT AMEND	
PROCUREMENT OR EXCEPTION TYPE: (Check one option		Enter Current Contract End Date <u>Prior</u> to Amendment: (or "no change"	
Statewide Contract (OSD or an OSD-designated Departm Collective Purchase (Attach OSD approval, scope, budge	ent) Y	AMENDMENT TYPE: (Check one option only. Attach de	
Department Procurement (includes all Grants - 815 CMR;	2,00) (Solicitation	Amendment to Date, Scope or Budget (Attach update	
Notice or RFR, and Response or other procurement support Emergency Contract (Attach justification for emergency, so	orting documentation)	Interim Contract (Attach justification for Interim Contra	
Contract Employee (Attach Employment Status Form, scor	oe, budget)	Contract Employee (Attach any updates to scope or b	
Other Procurement Exception (Attach authorizing language specific exemption or earmark, and exception justification, s	e, legislation with	 Other Procurement Exception (Attach authorizing lan scope and budget) 	guage/justification and updated
The Standard Contract Form Instructions and Contractor C			tara incorporated by reference
into this Contract and are legally binding: (Check ONE option Services Commonwealth IT Terms and Conditions	on):Commonwealth T	erms and Conditions Commonwealth Terms and Condition	ns For Human and Social
COMPENSATION: (Check ONE option): The Department certi	fies that payments for aut	horized performance accepted in accordance with the terms	of this Contract will be supported
in the slate accounting system by sufficient appropriations or o Rate Contract. (No Maximum Obligation) Attach details of	ther non-appropriated fun	ds, subject to intercept for Commonwealth owed debts under	815 CMR 9.00.
✓ Maximum Obligation Contract. Enter total maximum oblig	ation for total duration of	this contract (or new total if Contract is being amended), \$ 4	9,956.00.
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pa			
I identify a PPD as follows: Payment issued within 10 days %	PPD: Payment issued with	thin 15 days % PPD: Payment issued within 20 days %	A PPD: Payment issued within 30
days% PPD. If PPD percentages are left blank, identify re payment (subsequent payments scheduled to support standar	ason: <u></u> ✓ _agree to stan	dard 45 day cycle statutory/legal or Ready Payments (M	I.G.L. c. 29, § 23A); only initial
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maximum obligation of this contract, COAs are responsible for re	turning this executed con	tract by no later than June 30, 2021.	м
ANTICIPATED START DATE: (Complete ONE option only) Th			ontract obligations:
1. may be incurred as of the Effective Date (latest signature2. may be incurred as of, 20, a date LATER than	date below) and <u>no</u> obligate below.	alions have been incurred <u>prior</u> to the Effective Date.	Data
✓ 3, were incurred as of JULY 1, 20 20 , a date PRIOR to the	e Effective Date below a	and the nations have been incurred prior to the checkye	ed nior to the Effective Date are
authorized to be made either as settlement payments or as	s authorized reimburseme	nt payments, and that the details and circumstances of all of	olloations under this Contract are
attached and incorporated into this Contract. Acceptance	of payments forever relea	ises the Commonwealth from further claims related to these o	obligations.
CONTRACT END DATE: Contract performance shall termina	te as of <u>JUNE 30</u> , 2	0 21, with no new obligations being incurred after this date	unless the Contract is properly
amended, provided that the terms of this Contract and perform completing any negotiated terms and warranties, to allow any cl	ance expectations and c ose out or transition perfo	obligations shall survive its termination for the purpose of re ormance, reporting, invoicing or final payments, or during a	solving any claim or dispute, for ny lanse between amendments.
CERTIFICATIONS: Notwithstanding verbal or other representa			
Amendment has been executed by an authorized signatory of the	e Contractor, the Depart	ment, 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 docur	ments incorporated by reference as electronically published	ed and the Contractor makes all
certifications required under the Standard Contract Form Instruct documentation upon request to support compliance, and agu	tions and Contractor Cer	lifications under the pains and penalties of perjury, and furthe	r agrees to provide any required
incorporated by reference herein according to the following hiera	archy of document preced	dence, the applicable Commonwealth Terms and Conditions.	this Standard Contract Form he
Standard Contract Form Instructions and Contractor Certification	ns, the Request for Response	onse (RFR) or other solicitation, the Contractor's Response (excluding any language stricken
by a Department as unacceptable, and additional negotiated Contractor's Response only if made using the process outlined it costs, or a more cost effective Contract.	n 801 CMR 21.07, incorp	dditional negotiated terms will take precedence over the re orated herein, provided that any amended RFR or Response	levant terms in the RFR and the terms result in best value, lower
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	_ i	AUTHORIZING SIGNATURE FOR THE COMMONWEAL	TH:
X: Date:	7-10-71	Takon longa et	1/25-21
(Signature and Date Must Be Handwritten At Time of		X: Date (Signature and Date Must Be Handwritten At	
Print Name: Ochyw Keech		Print Name: heagy Connec	LY L
Print Title:		Print Title: DITOUTOR OF ALCOUNTY	
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CONTRACTOR LEGAL NAME; TOWN OF EDGARTOWN (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 70 MAIN ST EDGARTOWN, MA 02539-8238		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: LYNDSAY FAMARRIS	Phone: 508-627-4368	Billing Address (if different):		
E-Mail: pmohair@edgartown-ma.us	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191784		E-Mail: STACEY,OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAEDGARTOWN0000		
(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		CONTRACT AMENDED Enter Current Contract End Date <u>Prior</u> to Amendment:		
Statewide Contract (OSD or an OSD-designated Departm	,,50	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 (Altach update		
Emergency Contract (Attach justification for emergency, s		Interim Contract (Attach justification for Interim Contra		
Contract Employee (Attach Employment Status Form, sco Other Procurement Exception (Attach authorizing language	pe, budget)	Contract Employee (Attach any updates to scope or b Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception justification, s		scope and budget)	iguage/jusuiication and updated	
The Standard Contract Form Instructions and Contractor into this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions				
COMPENSATION: (Check ONE option): The Department cert	ifies that payments for au	thorized performance accepted in accordance with the terms	of this Contract will be supported	
in the state accounting system by sufficient appropriations or o	ther non-appropriated fun		r 815 CMR 9.00.	
✓ Maximum Obligation Contract. Enter total maximum oblig	all rates, units, calculation of	this contract (or new total if Contract is being amended). \$	1.508.00.	
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 30	
days% PPD. If PPD percentages are left blank, identify re	eason: 🗹 agree to star	ndard 45 day cycle statutory/legal or Ready Payments (I	M.G.L. c. 29, § 23A); only initial	
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or F	payment (subsequent payments scheduled to support 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	nunicipality certifies that the	ie tunds will be used for COA activities, and will complete a fi ve date of this agreement /for which payment obligations have	nal fiscal report accounting for	
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	e treated as the sole invoice for he	
maximum obligation of this contract, COAs are responsible for ANTICIPATED START DATE: (Complete ONE option only) T			contract chligations:	
1. may be incurred as of the Effective Date (latest signature			onti act obligations.	
2. may be incurred as of, 20, a date LATER than			Date.	
✓ 3. were incurred as of <u>JULY 1</u> , 20, 20 , a date PRIOR to telephone.				
		ent payments, and that the details and circumstances of all c ases the Commonwealth from further claims related to these		
CONTRACT END DATE: Contract performance shall termin				
amended, provided that the terms of this Contract and perform completing any negotiated terms and warranties, to allow any	mance expectations and	obligations shall survive its termination for the nurpose of	esolving any daimor dispute for	
CERTIFICATIONS: Notwithstanding verbal or other represent	ations by the parties, the	"Effective Date" of this Contract or Amendment shall be the	ne latest date that this Contract or	
Amendment has been executed by an authorized signatory of approvals. The Contractor certifies that they have accesse				
certifications required under the Standard Contract Form Instru	ctions and Contractor Ce	ertifications under the pains and penalties of perjury, and furth	ner agrees to provide any required	
documentation upon request to support compliance, and a	grees that all terms gove	erning performance of this Contract and doing business in edence, the applicable Commonwealth Terms and Conditions	n 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 Contract Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricker				
by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR contractor's Response only 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.			elevant terms in the RFR and the	
costs, or a more cost effective Contract.			c terms result in best value, lower	
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	1.1.	AUTHORIZING SIGNATURE FOR THE COMMONWEA	LTH:	
X: Date: 2/2/2) (Signature and Date Must Be Handwritten At Time of Signature)		X: Date: (Signature and Date Must Be Handwaltten At Time of Signature)		
Print Name: Arthur Smachen	7.5	Print Name: Kenyy, CONA	CRIY IN	
Print Title:		Print Title: U Wanter of	Hillounin	
(Updated 6/30/20) Page 1 of 1 and Contracting				

This form is jointly issued and published by the Office of the Comptroller (CTR), the Executive Office for Administration and Finance (ANF), and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form 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 EGREMONT (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): PO BOX 368 SOUTH EGREMONT, MA 01258-0368		Business Mailing Address: 1 ASHBURTON PL BOS	STON, MA 02108
Contract Manager: MARGARET MUSKRAT	Phone: 413-528-0182	Billing Address (if different):	
E-Mail: coa@egremont-ma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191785		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAEGREMONT00000	-
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-	1040 C-1040L-57550
X NEW CONTRACT		CONTRACT AMENI	DMENT
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 Departme	ent)	Enter Amendment Amount: \$ (or "no chang	ge")
Collective Purchase (Attach OSD approval, scope, budget		AMENDMENT TYPE: (Check one option only. Attach	
Department Procurement (includes all Grants - 815 CMR 2 Notice or RFR, and Response or other procurement support		Amendment to Date, Scope or Budget (Attach upo Interim Contract (Attach justification for Interim Con	
Emergency Contract (Attach justification for emergency, so	cope, budget)	Contract Employee (Attach any updates to scope o	
Contract Employee (Attach Employment Status Form, scop ✓ Other Procurement Exception (Attach authorizing language)		Other Procurement Exception (Attach authorizing)	
specific exemption or earmark, and exception justification, s		scope and budget)	ang aag arjacanca son ana apaatoa
The Standard Contract Form Instructions and Contractor C into this Contract and are legally binding: (Check ONE option Services Commonwealth IT Terms and Conditions			
COMPENSATION: (Check ONE option): The Department certiin the state accounting 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 un ons, conditions or terms and any changes if rates or terms a	der 815 CMR 9.00. re 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 midentify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 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 initially payment (subsequent payments scheduled to support 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 from the best 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 intend 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.			esting accelerated payments must _% PPD; Payment issued within 30 (M.G.L. c. 29, § 23A); only initial the Councils on Aging of the location of available grant funding. a final fiscal report accounting for ve been triggered) and are intended
ANTICIPATED START DATE: (Complete ONE option only) Ti		- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	t Contract obligations:
1. may be incurred as of the Effective Date (latest signature2. may be incurred as of, 20, a date LATER than			ive Date
✓ 3. were incurred as of JULY 1, 20 20 , a date PRIOR to the			
authorized to be made either as settlement payments or a	s authorized reimbursem	ent payments, and that the details and circumstances of a	ll obligations under this Contract are
attached and incorporated into this Contract. Acceptance			
CONTRACT END DATE: Contract performance shall termina amended, provided that the terms of this Contract and perform completing any negotiated terms and warranties, to allow any of	ance expectations and	obligations shall survive its termination for the purpose of	fresolving any claim or dispute, for
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contractor Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor make certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any reduction upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attach incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR ar Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: (Signature and Date Must Be Handwritten At Time of Signature) Print Name: Print Title: (Signature and Date Must Be Handwritten At Time of Signature) Print Name: Print Title: Print Title: Print Title:			fied above, subject to any required ished and the Contractor makes all rither agrees to provide any required is in Massachusetts are attached or ones, this Standard Contract Form, he see (excluding any language stricken e relevant terms in the RFR and the onse terms result in best value, lower that the contract of th

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

https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.	mass.gov/lists/osd-forms.			
CONTRACTOR LEGAL NAME: TOWN OF ERVING (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:			
Legal Address: (W-9, W-4): 12 E MAIN ST ERVING, MA 01344-9717		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108			
Contract Manager: PAULA BETTERS	Phone: 413-423-3649	Billing Address (if different):			
E-Mail: seniorcenter.paula.betters@erving-ma.org	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419		
Contractor Vendor Code: VC6000191786		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368		
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAERVING0000000	MMARS Doc ID(s): FY21COAERVING0000000		
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-1	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 <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			
specific exemption or earmark, and exception justification, s The Standard Contract Form Instructions and Contractor (Certifications and the fo				
into this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions	on): Commonwealth 1	Terms and Conditions <u>✓ Commonwealth</u> Terms and Condi	tions For Human and Social		
COMPENSATION: (Check ONE option): The Department cert in the state accounting system by sufficient appropriations or care accounting system by sufficient appropriations or care account of the state accounting system of the state accounting to the state of the state account of the s	ther non-appropriated fur all rates, units, calculatio	nds, subject to intercept for Commonwealth owed debts unc ons, 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:✓_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 in to be part of this agreement, are to be funded from the total ammaximum obligation of this contract. COAs are responsible for the contract.	ncurred prior to the effective ount awarded under this a veturning this executed cou	ve date of this agreement (for which payment obligations hav greement. This contract, once executed by both parties, will ntract by no later than June 30, 2021.	ve been triggered) and are intended be treated as the sole invoice for the		
ANTICIPATED START DATE: (Complete ONE option only) T			Contract obligations:		
1. may be incurred as of the Effective Date (latest signature 2. may be incurred as of, 20, a date LATER than			ve Date		
3. were incurred as of <u>JULY1</u> , 20 20 , a date PRIOR to tall authorized to be made either as settlement payments or a settlement payments.	he Effective Date below, as authorized reimbursem		curred prior to the Effective Date are lobligations under this Contract are		
amended, provided that the terms of this Contract and perform	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 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 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, low costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X:					
	(Updated 6/30	0/20) Page 1 of 1	mil 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 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.masc.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 ESSEX (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 30 MAIN ST ESSEX, MA 01929-1247		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: KRISTIN CROCKETT	Phone: 978-768-7932	Billing Address (if different):	
E-Mail: coa@essexma.org	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191787		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAESSEX0000000	
(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 Pyrchase (Attach OSD approval, scope, budget) Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) ✓ Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment, 20 Enter Amendment Amount: \$ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) Amendment to Date, Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget) Contract Employee (Attach any updates to scope or budget) Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)	
The Standard Contract Form Instructions and Contractor into this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions	Certifications and the fo	illowing Commonwealth Terms and Conditions documer Terms and Conditions <u>~</u> Commonwealth Terms and Conditi	nt are incorporated by reference ons For Human and Social
COMPENSATION: (Check ONE option): The Department cert in the state accounting systemby sufficient appropriations or a Rate Contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum obliging	other 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 pridentify a PPD as follows: Payment issued within 10 days days % PPD. If PPD percentages are left blank, identify repayment (subsequent payments scheduled to support standard)	%PPD; Payment issued w eason: _✓_agree to 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 MG.L. c. 29, § 23A); only initial
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ANTICIPATED START DATE: (Complete ONE option only) 1 1. may be incurred as of the Effective Date (latest signatum 2. may be incurred as of, 20, a date LATER tha 3. were incurred as of JULY1, 20_20, a date PRIOR to	e date below) and <u>no</u> obli n the Effective Date below, the Effective Date below,	gations have been incurred <u>prior</u> to the Effective Date. w and <u>no</u> obligations have been incurred <u>prior</u> to the Effectiv and the parties agree that payments for any obligations incu	re Date. urred prior to the Effective Date are
authorized to be made either as settlement payments or attached and incomporated into this Contract. Acceptance	as autnorized reimbursen e of payments forever rele	nent payments, and that the details and circumstances of all eases the Commonwealth from further claims related to these	e obligations.
CONTRACT END DATE: Contract performance shall termin amended, provided that the terms of this Contract and perfor completing any negotiated terms and warranties, to allow any	nate as of <u>JUNE 30</u> ,	20 21, with no new obligations being incurred after this da	ate 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 Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language strict by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, locosts, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: Date: (Signature and Date Must Be Handwritten At Time of Signature) Print Name: Print Title: Date: Y: Cignature and Date Must Be Handwritten At Time of Signature)			
	(Updated 6/3	0/20) Page 1 of 1	/

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CONTRACTOR LEGAL NAME: TOWN OF FAIRHAVEN (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 40 CENTER ST FAIRHAVEN, MA 02719-2932		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: ANNE SILVIA	Phone: 508-979-4029	Billing Address (if different):	
E-Mail: asilvia@fairhaven-ma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191789		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAFAIRHAVEN0000	
(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:	, 20 <u>.</u>
Statewide Contract (OSD or an OSD-designated Departm	ent)	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		Interim Contract (Attach justification for Interim Contr	
Emergency Contract (Attach justification for emergency, s		Contract Employee (Attach any updates to scope or I	
 Contract Employee (Attach Employment Status Form, scoler 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 of into this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions			
in the state accounting system by sufficient appropriations or o	ther non-appropriated fur all rates, units, calculatio	thorized performance accepted in accordance with the terms of this Contract will be supported ands, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. This contract for new total if Contract is being a mended.)	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pa			
identify a PPD as follows: Payment issued within 10 days9 days% PPD. If PPD percentages are left blank, identify repayment (subsequent payments scheduled to support standard)	6 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 (,% PPD; Payment issued within 30
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or I municipalities of the Commonwealth, as appropriated in the Ch The performance period for this award is 7/1/20-6/30/21. The r how these grant funds were applied. All approved obligations i to be part of this agreement, are to be funded from the total ammaximum obligation of this contract. COAs are responsible for	apter 227 of the Acts of 20 nunicipality certifies that th ncurred prior to the effective ount awarded under this a	D20. The award amount is determined by a consus-based allo the funds will be used for COA activities, and will complete a we date of this agreement (for which payment obligations hav greement. This contract, once executed by both parties, will	ocation of available grant funding. final fiscal report accounting for the been triggered) and are intended
ANTICIPATED START DATE: (Complete ONE option only)	the state of the s		Contract obligations:
1. may be incurred as of the Effective Date (latest signature)			vo Dete
3. were incurred as of <u>JULY1</u> , 20 20 , a date PRIOR to authorized to be made either as settlement payments or attached and incorporated into this Contract. Acceptance	the Effective Date below, as authorized reimbursem e of payments forever rele	and the parties agree that payments for any obligations inco ent payments, and that the details and circumstances of all eases the Commonwealth from further claims related to thes	urred prior to the Effective Date are obligations under this Contract are e obligations.
CONTRACT END DATE: Contract performance shall termin amended, provided that the terms of this Contract and perfor completing any negotiated terms and warranties, to allow any	mance expectations and	obligations shall survive its termination for the purpose of	resolving any claim or dispute, for
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this 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 requapprovals. The Contractor certifications they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor make 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 under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required under the Standard Contract Form Instructions and Contract Form Instructions, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language strictly 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, in Contractor's Response only 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, in Contractor's Response only 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, in Contractor's Response only 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, in Contractor'			ied above, subject to any required shed and the Contractor makes all ther agrees to provide any required in Massachusetts are attached or ns, this Standard Contract Form, he e (excluding any language stricken relevant terms in the RFR and the nse terms result in best value, lower ALTH: ate: 2 2 2 2 2 4 ALTH: ate: 2 3 2 2 2 4 ALTime of Signature)
Print Title: TREASURER		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 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.mass.gov/lists/osd-forms.

CONTRACTOR LEGAL NAME: TOWN OF FALMOUTH (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 340 TEATICKET HWY TEATICKET, MA 02536-6527		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: JILL IRVING BISHOP	Phone: 508-540-0196	Billing Address (if different):	1.0000000000000000000000000000000000000
E-Mail: jill.bishop@falmouthma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191790	200,000	E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAFALMOUTH00000	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-1	040 C-1040L-57550
X NEW CONTRACT		CONTRACT AMEND	
PROCUREMENT OR EXCEPTION TYPE: (Check one option	ı onlv)	Enter Current Contract End Date <u>Prior</u> to Amendment:	
Statewide Contract (OSD or an OSD-designated Departm	5.6	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 b	
 Contract Employee (Attach Employment Status Form, scoler Other Procurement Exception (Attach authorizing language) 		Other Procurement Exception (Attach authorizing lar	
specific exemption or earmark, and exception justification, s		scope and budget)	igaagajasiiiosiiorrana apaaloa
The Standard Contract Form Instructions and Contractor (into this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions			
COMPENSATION: (Check ONE option): The Department cert	ifies that payments for au	thorized performance accepted in accordance with the terms	of this Contract will be supported
in the state accounting system by sufficient appropriations or co	ther non-appropriated fun	nds, 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 pa			
identify a PPD as follows: Payment issued within 10 days%	PPD: Pavment 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 (1	M.G.L. c. 29, § 23A); only initial
payment (subsequent payments scheduled to support standal BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or F			a Councile on Aging of the
municipalities of the Commonwealth, as appropriated in the Cha	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 m	unicipality certifies that th	e funds will be used for COA activities, and will complete a fi	inal fiscal report accounting for
how these grant funds were applied. All approved obligations in to be part of this agreement, are to be funded from the total amo	icurred prior to the effective ount awarded under this a	re date of this agreement (for which payment obligations have greement. This contract, once executed by both parties, will b	been triggered) and are intended to the treated as the sole invoice for the
maximum obligation of this contract. COAs are responsible for r	eturning this executed cor	ntract by no later than June 30, 2021.	
ANTICIPATED START DATE: (Complete ONE option only) T			contract obligations:
1, may be incurred as of the Effective Date (latest signature			D 4
2. may be incurred as of, 20, a date LATER than3. 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 reimbursem	ent payments, and that the details and circumstances of all o	obligations under this Contract are
attached and incorporated into this Contract. Acceptance	of payments forever rele	ases the Commonwealth from further claims related to these	obligations.
CONTRACT END DATE: Contract performance shall termin			
amended, provided that the terms of this Contract and perform completing any negotiated terms and warranties, to allow any o	close out or transition per	obligations snail survive its termination for the purpose of r formance, reporting, invoicing or final payments, or during a	esolving any claim or dispute, for any lapse between amendments.
CERTIFICATIONS: Notwithstanding verbal or other represent			
Amendment has been executed by an authorized signatory of t	he Contractor, the Depar	rtment, or a later Contract or Amendment Start Date specifie	d above, subject to any required
approvals. The Contractor certifies that they have accessed	I and reviewed all docu	iments incorporated by reference as electronically publish	ned 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 redocumentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attact			n Massachusetts are attached or
incorporated by reference herein according to the following hierarchy of document preced		dence, the applicable Commonwealth Terms and Conditions	s, this Standard Contract Form, he
Standard Contract Form Instructions and Contractor Certifications, the Request for Resp by a Department as unacceptable, and additional negotiated terms, provided that a		onse (RFR) orothersolicitation, the Contractors Response additional negotiated terms will take precedence over the r	(excluding any language stricken
Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorp			
costs, or a more cost effective Contract.		AUTHODIZING SIGNATURE FOR THE COMMONWEAR	CTU -
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	2 (17)221	AUTHORIZING SIGNATURE FOR THE COMMONWEAU	-1H2 -) (-)/
X: Date:	of Signature)	X: Date Must Be Handwritten A	
Print Name: July M. Sus.	or eignature)	(Signature and Date Must Be Handwritten At Time of Signature)	
Print Title: Town Manager .		Print Title:	 7
And the state of 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.maccomptroller.org/forms. Forms are also posted at OSD Forms: https://www.maccomptroller.org/forms. Forms are also posted at OSD Forms: https://www.maccomptroller.org/forms.

https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.	mass.gov/lists/osd-forms.			
CONTRACTOR LEGAL NAME: CITY OF FITCHBURG (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:			
Legal Address: (W-9, W-4): 166 BOULDER DR STE 108 FITCHBURG, MA 01420-3168		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108			
Contract Manager: JOAN GOODWIN	Phone: 978-345-9598	Billing Address (if different):			
E-Mail: jgoodwin@fitchburgma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419		
Contractor Vendor Code: VC6000192093		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368		
Vendor Code Address ID (e.g. "AD001"): AD_001.		MMARS Doc ID(s): FY21COAFITCHBURG0000			
(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 Statewide Contract (OSD or an OSD-designated Departm Collective Purchase (Attach OSD approval, scope, budge	ent)	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.)			
 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 to			
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)	JJ-,		
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	lliowing 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 unde ons, conditions or terms and any changes if rates or terms are	er 815 CMR 9.00. e being amended.)		
identify a PPD as follows: Payment issued within 10 days9 days% PPD. If PPD percentages are left blank, identify re payment (subsequent payments scheduled to support standa	PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason:				
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.			cation of available grant funding. inal fiscal report accounting for e been triggered) and are intended be treated as the sole invoice for the		
ANTICIPATED START DATE: (Complete ONE option only)			Contract obligations:		
1. may be incurred as of the Effective Date (latest signature, 2. may be incurred as of, 20, a date LATER that	e date below) and <u>no</u> obli	gations have been incurred <u>prior</u> to the Effective Date.	o Data		
3. were incurred as of <u>JULY1</u> , 20 20 , a date PRIOR to authorized to be made either as settlement payments or	he Effective Date below, as authorized reimbursen		rred prior to the Effective Date are obligations under this Contract are		
CONTRACT END DATE: Contract performance shall termin amended, provided that the terms of this Contract and perfor completing any negotiated terms and warranties, to allow any	mance expectations and	obligations shall survive its termination for the purpose of	resolving any claim or dispute, for		
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contractor. Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any reapprovals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor certifications required under the Standard Contract Form Instructions and Contracts or Certifications under the pains and penalties of perjury, and further agrees to provide any redocumentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attain incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR of Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value costs, or a more cost effective Contract.					
AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X:		te: 2-11-21			
Print Title:	n,	Print Title:	Catini		
	(Updated 6/3	0/20) Page 1 of 1	NC / I'I		

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/osd-forms.

https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.	mass.gov/lists/osd-forms.	s published forms at OTA Forms.
CONTRACTOR LEGAL NAME: TOWN OF FOXBOROUGH (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 40 SOUTH ST FOXBOROUGH, MA 02035-2397		Business Mailing Address: 1 ASHBURTON PL BOST	ON, MA 02108
Contract Manager: MARC CRAIG	Phone: 508-543-1234	Billing Address (if different):	
E-Mail: mcraig@foxboroughma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191792		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.	23 1111 112 22 2000	MMARS Doc ID(s): FY21COAFOXBOROUGH000	
(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	ı only)	CONTRACT AMEND	
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 (Attach upda	
Emergency Contract (Attach justification for emergency, s	cope, budget)	Interim Contract (Attach justification for Interim Contract Contract Employee (Attach any updates to scope or better the contract Employee).	
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specific exemption or earmark, and exception justification, s		scope and budget)	igaagajaamaaan ana apaataa
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	lllowing Commonwealth Terms and Conditions document Terms and Conditions <u>✓</u> Commonwealth Terms and Conditions	It 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 capract. (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 under ons, conditions or terms and any changes if rates or terms are	er 815 CMR 9.00. e being amended.)
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ANTICIPATED START DATE: (Complete ONE option only) T			Contract obligations:
1. may be incurred as of the Effective Date (latest signature 2. may be incurred as of, 20, a date LATER that	e date below) and <u>no</u> oblig n the Effective Date below	gations have been incurred <u>prior</u> to the Effective Date. wand no obligations have been incurred prior to the Effectiv	e Date.
✓ 3. were incurred as of JULY 1, 20 20 , a date PRIOR to			
		nent payments, and that the details and circumstances of all	
		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 to Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subjudge approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractions required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to p documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachuse incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:			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 se terms result in best value, lower
X: Date: Signature and Date Must Be Handwritten At Time	of Signature)	(Signature and Date Must Be Handwritten	At Time of Signature)
Print Name: William G. Keogar) Ir.	Trint Hame.	2 Countin
Print Title: Town Manager. Print Title: Pri		active -	

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

Contracting

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

Legal Address: (W-9, W-4): 150 CONCORD ST FRAMINGHAM, MA 01702-8367 Contract Manager: GRACE O'DONNELL Phone: 508-532-5980 Billing Address (if different): E-Mail: grace.odonnell@framinghamma.gov Fax: Contract Manager: STACEY ANNE OCONNELL Phone: 617-222-7419 Contractor Vendor Code: VC6000191793 E-Mail: STACEY.OCONNELL@MASS.GOV Fax: 617-727-9368 Vendor Code Address ID (e.g. "AD001"): AD_001. MMARS Doc ID(s): FY21COAFRAMINGHAM000	CONTRACTOR LEGAL NAME: CITY OF FRAMINGHAM (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:			
E-Mail: grace-adonne/ligit aminghamma.gov Fax: Contract Manager: STACEYANNE OCONNELL Phone: 617-222-7419 Contract Vendor Code: VC600019173 E-Mail: STACEY.COONNELL@MASS.GOV Fax: 617-722-74398 MARS Dov. Biol.; DVF. Contract Manager: STACEYANNE OCONNELL MARS Dov. Biol.; DVF. COAFFAMMIGNAMB000 RFRPPOCUREMENT OR EXCEPTION TYPE: (Check one option only) Satatwide Contract (CBD or an CBD designated Department) Satatwide Contract (CBD or an CBD designated Department) Notice or RFR, and Response or of the procurement propriet dozumentalion). Department Procurement (includes all Grants - 815 CMF 2.00) (Solicitation Notice or RFR, and Response or of the procurement growing dozumentalion). Energy and Vocatract (Mail on Justification for energies, scope, budge) Department Procurement Exception (Mail an unbriding larguage), legislation with specific exemption or exement, and exception (Justification for energies), scope, and budget) The Standard Contract E-profit (Mail on Justification and Contract Certifications and Contract Certifications and Contract Certifications and Certifica	Legal Address: (W-9, W-4): 150 CONCORD ST					
EMail: grace adonneligifaminghamma gov Contractor Nendor Code: VC600019173 EMail: STACEY ANNE COONNELL_MASS.GOV Fax: 617-727-288 MMARS Doc. Big): FYX1COAFRAMMIGHAM000 MRRS Doc. Big): FYX1COAFRAMMIGHAM000 MRRS Doc. Big): FYX1COAFRAMMIGHAM000 RFRPPOCUREMENT OR EXCEPTION TYPE: (Check one option only) Salatewide Contract (CSD or an CSD-designated Department) Salatewide Contract (CSD or an CSD-designated Department) Department Procurement (Includes all Crants - 815 CMR 2.00) (Solicitation Notice on IPRI, and Response) or of the procurement appoints good-publication Department Procurement (Includes all Crants - 815 CMR 2.00) (Solicitation Notice on IPRI, and Response) or of the procurement appoints good-publication Contract Employers (Mach Employment Salats Form scope, budget) Contract Employment Salats Form scope, budget) The Salandar Gontract Form Instructions and Contract Certifications and the self-self-self-self-self-self-self-self-	Contract Manager: GRACE O'DONNELL	Phone: 508-532-5980	Billing Address (if different):			
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RRRProcurement or Other ID Number: BD-21404-0400-0408L-57550	Contractor Vendor Code: VC6000191793		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368		
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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: Print Title: Print Title:						
Contractor's Response only 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: May or (Signature and Date Must Be Handwritten At Time of Signature) Print Title: Print Title:	Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken					
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X:						
Print Title: May or . (Signature and Date Must Be Handwritten At Time of Signature) Print Title: May or . Print Title:	AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	1. 1	ANTHORIZING SIGNATURE FOR THE COMMONWE	ALTH:		
Print Name: Dr. Yvonne M. Spicer. Print Title: May or Print Title:	X: 4000 10- 4009. Date: 1/26/202 X: 4000 000 Date: 3-11-21.			ate: 5-11-0/.		
Print Title: Mayor . Print Title: The Title:		of Signature)		At Time of Signature)		
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This form is jointly issued and published by the Office of the Comptroller (CTR), the Executive Office for Administration and Finance (ANF), and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form or to the Standard Contract Form Instructions and Contractor Certifications, the Commonwealth Terms and Conditions for Human and Social Services or the Commonwealth IT Terms and Conditions which are incorporated by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access published forms at CTR Forms:

OSD Forms: https://www.	mass.gov/lists/osd-forms.				
CONTRACTOR LEGAL NAME: TOWN OF FRANKLIN (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:			
Legal Address: (W-9, W-4): 355 E CENTRAL ST FRANKLIN, MA 02038-1352		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108			
Phone: 508-520-4945	Billing Address (if different):				
Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419			
	E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368			
	MMARS Doc ID(s): FY21COAFRANKLIN00000				
Vendor Code Address ID (e.g. "AD001"): AD_001. (Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-1040C-1040L-57550			
X NEW CONTRACT PROCUREMENT OR 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 ContractForm 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 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). \$ 52,788.00.					
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: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 consus-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. COA. 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.					
CONTRACT END DATE: Contract performance shall terminate as ofJUNE 30, 20 21, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.					
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract 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 certifications 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 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 of the relevant terms in the RFR and the Contractor's Response of the relevant terms in the RFR and the Contractor's Response of the relevant terms in the RFR and the Contractor's Response of the relevant terms in the RFR and the Contractor's Response of the relevant terms in the RFR and the Contractor's Response of the relevant terms in the RFR and the Contractor's Response of the relevant terms in the RFR and the Contractor's Response of the relevant terms of Signature). Print Name:					
	Phone: 508-520-4945 Fax: only) ent) 2.00) (Solicitation orting documentation) cope, budget) ce, budget) ce, legislation with cope and budget) Certifications and the foon):Commonwealth iffies that payments for au ther non-appropriated fur all rates, units, calculation or total duration or to	MMARS Department Code: Business Mailing Address: 1 ASHBURTON PL BOST Phone: 508-520-4945 Billing Address (if different): Contract Manager: STACEY ANNE OCONNELL E-Mail: STACEY.OCONNELL@MASS.GOV MARS Doc ID(s): FY21COAFRANKLIN00000 RFR/Procurement or Other ID Number: BD-21-1040-11 ——————————————————————————————————			

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.

https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.	mass.gov/lists/osd-forms.			
CONTRACTOR LEGAL NAME: TOWN OF FREETOWN (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:			
Legal Address: (W-9, W-4): 3 N MAIN ST ASSONET, MA 02702-1117		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108			
Contract Manager: BARBARA PLACE	Phone: 508-763-9557	Billing Address (if different):	V		
E-Mail: Coa@Freetownma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419		
Contractor Vendor Code: VC6000191795		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368		
Vendor Code Address ID (e.g. "AD001"): AD 001.	,	MMARS Doc ID(s): FY21COAASSONET000000			
(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 <u>Prior</u> to Amendment:, 20 Enter Amendment Amount: \$ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) Amendment to Date, Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget) Contract Employee (Attach any updates to scope or budget) Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)			
The Standard Contract Form Instructions and Contractor 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 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 newtotal if Contract is being amended). \$\frac{21,012.00}{21,012.00}\$					
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: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 alocation 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 Con	tractor certify for this Contract, or Contract Amendment, tha	t Contract obligations:		
1. may be incurred as of the Effective Date (latest signature					
2. may be incurred as of, 20, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date3. were incurred as of, 20, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.					
CONTRACT END DATE: Contract performance shall terminate as ofJUNE 30_, 20_21, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.					
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract 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 CONTRACTOR: X:					
(Updated 6/30/20) Page 1 of 1 And Con Trace					