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

https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.	mass.gov/lists/osd-forms.	tes Constitute of the attended to the a
CONTRACTOR LEGAL NAME: TOWN OF GEORGETOWN (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 1 LIBRARY ST GEORGETOWN, MA 01833-2052		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: COLLEEN RANSHAW-FIORELLO	Phone: 978-352-5726	Billing Address (if different):	
E-Mail: cfiorello@georgetownma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191797		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAGEORGETOWN000	•
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040	-1040 C-1040L-57550
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option Statewide Contract (OSD or an OSD-designated Departm Collective Purchase (Attach OSD approval, scope, budge Department Procurement (includes all Grants - 815 CMR Notice or RFR, and Response or other procurement supp	ent) t) 2.00) (Solicitation	CONTRACT AMEN Enter Current Contract End Date <u>Prior</u> to Amendmen Enter Amendment Amount: \$ (or "no char AMENDMENT TYPE: (Check one option only. Attac Amendment to Date, Scope or Budget (Attach up Interim Contract (Attach justification for Interim Co	t:, 20 gg") h details of amendment changes.) dated scope and budgel)
 Emergency Contract (Attach justification for emergency, so Contract Employee (Attach Employment Status Form, sco ✓ Other Procurement Exception (Attach authorizing langua specific exemption or earmark, and exception justification, 	cope, budget) pe, budget) ge, legislation with scope and budget)	Contract Employee (Attach any updates to scope Other Procurement Exception (Attach authorizing scope and budget)	or budget) language/justification and updated
The Standard Contract Form Instructions and Contractor into this Contract and are legally binding: (Check ONE opt Services Commonwealth IT Terms and Conditions			
Rate 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{17,136.00}{17,136.00}\$. PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments mus identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued 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 Commonweath, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant funding. The performance period for this award is 71/120-6/30/21. The municipality certifies that the funds will be used for COA activities, and will complete a final fiscal report accounting for how these grant funds were applied. All approved obligations incurred prior to the effective date of this agreement (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			\$ 17,136.00. uesting accelerated payments must% PPD; Payment issued within 30 is (M.G.L. c. 29, § 23A); only initial of the Councils on Aging of the alocation of available grant funding a final fiscal report accounting for ave 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: 1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date. 2. may be incurred as of, 20, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date. 3. were incurred as of, 20, a date PAICR 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 term 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> , mance expectations and	20 21, with no new obligations being incurred after this obligations shall survive its termination for the purpose	date unless the Contract is properly of resolving any claimor dispute, for
CERTIFICATIONS: Notwithstanding verbal or other represent Amendment has been executed by an authorized signatory of approvals. The Contractor certifies that they have access certifications required under the Standard Contract Form Instructions and compliance, and a incorporated by reference herein according to the following his Standard Contract Form Instructions and Contractor Certification by a Department as unacceptable, and additional negotian Contractor's Response only if made using the process outline costs, or a more cost effective Contract. AUTHORIZING SIGNATURE ROR'S HE CONTRACTOR:	f the Contractor, the Depart and and reviewed all doc uctions and Contractor C agrees that all terms gover erarchy of document precedons, the Request for Resided terms, provided that	artment, or a later Contract or Amendment Start Date spe uments incorporated by reference as electronically pu edifications under the pains and perallies of perjury, and erning performance of this Contract and doing busine redence, the applicable Commonweath Terms and Condi sponse (RFR) or other solicitation, the Contractor's Respo additional negotiated terms will take precedence over I	cified above, subject to any required blished and the Contractor makes all further agrees to provide any required as in Massachusetts are attached or ions, this Standard Contract Form, he nose (excluding any language stricken he relevant terms in the RFR and the

(Updated 6/30/20)

Page 1 of 1

9



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:

nttps://www.macomptroller.org/lorms. Forms are also posted at	OSD FORMS, https://www.	mass.gov/iisis/osd-ioms.		
CONTRACTOR LEGAL NAME: TOWN OF GILL (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 325 MAIN RD GILL, MA 01376-9758		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: ROBERTA POTTER	Phone: 413-863-4500	Billing Address (if different):		
E-Mail: coa@montague-ma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191798		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAGILL000000000		
(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	nonly)	Enter Current Contract End Date Prior to Amendment:		
Statewide Contract (OSD or an OSD-designated Departm		Enter Amendment Amount: \$ (or "no change		
Collective Purchase (Attach OSD approval, scope, budge Department Procurement (includes all Grants - 815 CMR		AMENDMENT TYPE: (Check one option only. Attach d Amendment to Date, Scope or Budget (Attach upda		
Notice or RFR, and Response or other procurement supp	orting documentation)	Interim Contract (Attach justification for Interim Contr		
Emergency Contract (Attach justification for emergency, s Contract Employee (Attach Employment Status Form, sco		Contract Employee (Attach any updates to scope or l		
✓ Other Procurement Exception (Attach authorizing langua		Other Procurement Exception (Attach authorizing la	nguage/justification and updated	
specific exemption or earmark, and exception justification,		scope and budget)		
The Standard Contract Form Instructions and Contractor into this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions	Certifications and the foo on):Commonwealth	ollowing Commonwealth Terms and Conditions documer Terms and Conditions <u>✓</u> Commonwealth Terms and Conditi	ons For Human and Social	
COMPENSATION: (Check ONE option): The Department cert				
in the state accounting system by sufficient appropriations or o		nds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms are		
✓ Maximum Obligation Contract. Enter total maximum oblig				
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pa	avments are issued thro	ugh FET 45 days from invoice receipt Contractors reque	sting accelerated payments must	
identify a PPD as follows: Payment issued within 10 days9	6 PPD; Payment issued w	rithin 15 days % PPD; Payment issued within 20 days	% PPD; Payment issued within 30	
days% PPD. If PPD percentages are left blank, identify reason:agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			M.G.L. c. 29, § 23A); only initial	
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or I			e Councils on Aging of the	
municipalities of the Commonwealth, as appropriated in the Ch	apter 227 of the Acts of 20	020. The award amount is determined by a census-based allo	ocation of available grant funding.	
The performance period for this award is 7/1/20-6/30/21. The now these grant funds were applied. All approved obligations is	nunicipality certifies that the nounced prior to the effective	ne funds will be used for COA activities, and will complete a t we date of this agreement (for which payment obligations have	e been triggered) and are intended	
to be part of this agreement, are to be funded from the total am	ount awarded underthis a	agreement. This contract, once executed by both parties, will be		
maximum obligation of this contract. COAs are responsible for			Contract obligations:	
ANTICIPATED START DATE: (Complete ONE option only) 1			John act obligations.	
2. may be incurred as of the Elective Date (latest signature)			e Date.	
✓ 3, were incurred as of JULY 1, 20 20 , a date PRIOR to	the Effective Date below,	and the parties agree that payments for any obligations incu	irred prior to the Effective Date are	
authorized to be made either as settlement payments or a	as authorized reimbursem	nent payments, and that the details and circumstances of all eases 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 perform	mance expectations and	obligations shall survive its termination for the purpose of	resolving any claim or dispute, for	
completing any negotiated terms and warranties, to allow any	close out or transition per	formance, reporting, invoicing or final payments, or during	any lapse between amendments.	
CERTIFICATIONS: Notwithstanding verbal or other represent				
Amendment has been executed by an authorized signatory of approvals. The Contractor certifies that they have accesse				
certifications required under the Standard Contract Form Instru				
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, he				
Standard Contract FormInstructions and Contractor Certifications				
by a Department as unacceptable, and additional negotiat	ed terms, provided that a	additional negotiated terms will take precedence over the	relevant terms in the RFR and the	
Contractor's Response only if made using the process outline costs, or a more cost effective Contract.	JIN 801 CIVIR 21.07, INCOM	rporated nerein, provided that any amended RFR or Respon	se terms result in best value, lower	
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:		AUTHORIZING SIGNATURE FOR THE COMMONWEA	ALTH:	
X: Nate:	3/16/21	x: 1 00 mm en Da	ite: 3 -25-2	
(Signature and Date Must Be Handwritten At Time	of Signature)	(Signature and Date Must Be Handwritten		
Print Name: RAY PURINGTON		Print Name: Saay Canhe Ch	to assunting	
Print Title: TOWN ADMINISTRATOR.		Print Title:	Contraction	
	/I Indated C/20	1/20) Page 1 of 1	CA	

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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 GLOUCESTER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 9 DALE AVE GLOUCESTER, MA 01930-3009		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: ELISE SINAGRA	Phone: 978-281-9765	Billing Address (if different):	
E-Mail: esinagra@gloucester-ma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000192096		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD_001.		MMARS Doc ID(s): FY21COAGLOUCESTER000	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-1	040 C-1040L-57550
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Responseor other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		CONTRACT AMENDMENT Enter Current Contract End Date Prior to Amendment:, 20 Enter Amendment Amount: \$\ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) Amendment to Date, Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget) Contract Employee (Attach any updates to scope or budget) Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)	
The Standard Contract Form Instructions and Contractor Cinto this Contract and are legally binding: (Check ONE option Services Commonwealth IT Terms and Conditions	Certifications and the fo		
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	ids, subject to intercept for Commonwealth owed debts und ns, conditions or terms and any changes if rates or terms ar	er 815 CMR 9.00. e being amended.)
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payment identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 15 days% PPD. If PPD percentages are left blank, identify reason: _v_agree to standard 45 day cyclestatutory/legal or Ready Payments (M.G.L. c. 29, § 23A); on payment (subsequent payments scheduled to support 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 fur 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 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 invoice maximum obligation of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021.			% PPD; Payment issued within 30 M.G.L. c. 29, § 23A); only initial ne Councils on Aging of the ocation 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) T		1 6 0 00.	Contract obligations:
attached and incorporated into this Contract. Acceptance	the Effective Date below, ne Effective Date below, as authorized reimbursem of payments forever rele	v and <u>no</u> obligations have been incurred <u>prior</u> to the Effectiv and the parties agree that payments for any obligations inco ent payments, and that the details and circumstances of all ases 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 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 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 recodence under the pains and penalties of perjury, and further agrees to provide any recodence the pains and penalties of perjury, and further agrees to provide any recodence under the pains and penalties of perjury, and further agrees to provide any recodence documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attact incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract For Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stop a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR are Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: X: X: X: X: X: X: X: X:			ed above, subject to any required shed and the Contractor makes all ther agrees to provide any required in Massachusetts are attached or as, this Standard Contract Form, he e (excluding any language stricken relevant terms in the RFR and the ase terms result in best value, lower ALTH:

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

mups.//www.macomptroller.org/forms. Forms are also posted at	. OOD TOTTS. Https://www.	.11833.90V/11313/03U-101115.		
CONTRACTOR LEGAL NAME: TOWN OF GOSHEN (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): PO BOX 125 GOSHEN, MA 01032-0125		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: EVELYN CULVER	Phone: 413-268-8236	Billing Address (if different):		
E-Mail: coa@goshen-ma.us	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191799		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAGOSHEN0000000	The Community of the Co	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-1	040 C-1 040L -57550	
X NEW CONTRACT		CONTRACT AMEND		
PROCUREMENT OR EXCEPTION TYPE: (Check one option	n only)	Enter Current Contract End Date <u>Prior</u> to Amendment:		
Statewide Contract (OSD or an OSD-designated Departm	V V V V V V V V V V	Enter Amendment Amount: \$ (or "no chang		
Collective Purchase (Attach OSD approval, scope, budge	et)	AMENDMENT TYPE: (Check one option only. Attach		
Department Procurement (includes all Grants - 815 CMR Notice or RFR, and Response or other procurement supp		Amendment to Date, Scope or Budget (Attach upda		
Emergency Contract (Attach justification for emergency, s	scope, budget)	Interim Contract (Attach justification for Interim Cont Contract Employee (Attach any updates to scope or		
Contract Employee (Attach Employment Status Form, sco ✓ Other Procurement Exception (Attach authorizing langua		Other Procurement Exception (Attach authorizing la		
specific exemption or earmark, and exception justification,		scope and budget)	ngaagajaannaananana apaataa	
The Standard Contract Form Instructions and Contractor				
into this Contract and are legally binding: (Check ONE opt Services Commonwealth IT Terms and Conditions	on): Commonwealth	Terms and Conditions <u>✓</u> Commonwealth Terms and Condit	ions For Human and Social	
COMPENSATION: (Check ONE option): The Department cer				
in the state accounting system by sufficient appropriations or one Rate Contract. (No Maximum Obligation) Attach details or				
✓ Maximum Obligation Contract. Enter total maximum obli				
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth p.	avments are issued thro	ugh EFT 45 days from invoice receipt. Contractors reque	esting accelerated payments must	
identify a PPD as follows: Payment issued within 10 days	% PPD; Payment issued w	vithin 15 days % PPD; Payment issued within 20 days	% PPD; Payment issued within 30	
days% PPD. If PPD percentages are left blank, identify repayment (subsequent payments scheduled to support stands			(M.G.L. c. 29, § 23A); only initial	
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or	THE RESERVE OF THE PERSON NAMED IN COLUMN		he Councils on Aging of the	
municipalities of the Commonwealth, as appropriated in the Ch				
The performance period for this award is 7/1/20-6/30/21. The r how these grant funds were applied. All approved obligations is				
to be part of this agreement, are to be funded from the total am	ount awarded under this a	agreement. This contract, once executed by both parties, will		
maximum obligation of this contract. COAs are responsible for ANTICIPATED START DATE: (Complete ONE option only)	AND THE RESIDENCE AND ADDRESS OF THE PROPERTY		Contract obligations:	
1. may be incurred as of the Effective Date (latest signature			Contract obligations:	
2. may be incurred as of the checkive bate (latest signature 20, a date LATER tha			ve Date.	
✓ 3, were incurred as of JULY 1, 20 20 , a date PRIOR to	the Effective Date below,	and the parties agree that payments for any obligations inc	surred prior to the Effective Date are	
		ment payments, and that the details and circumstances of all		
		eases the Commonwealth from further claims related to thes		
CONTRACT END DATE: Contract performance shall termin amended, provided that the terms of this Contract and perfor				
completing any negotiated terms and warranties, to allow any				
CERTIFICATIONS: Notwithstanding verbal or other represen	tations by the parties, the	"Effective Date" of this Contract or Amendment shall be	the latest date that this Contract or	
Amendment has been executed by an authorized signatory of approvals. The Contractor certifies that they have accessed	the Contractor, the Depa	artment, or a later Contract or Amendment Start Date specif	ied above, subject to any required	
certifications required under the Standard Contract Form Instru				
documentation upon request to support compliance, and a	grees that all terms gove	erning performance of this Contract and doing business	in Massachusetts are attached or	
incorporated by reference herein according to the following hierarchy of document precedence, the applicable Co Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other soli		edence, the applicable Commonwealth Terms and Condition	ns, this Standard Contract Form, he excluding any language stricken	
by a Department as unacceptable, and additional negotiat	ed terms, provided that a	additional negotiated terms will take precedence over the	relevant terms in the RFR and the	
Contractor's Response only if made using the process outline costs, or a more cost effective Contract.	d in 801 CMR 21.07, inco	rporated herein, provided that any amended RFR or Respo	nse terms result in best value, lower	
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	/	AUTHORIZING SIGNATURE FOR THE COMMONWE	ALTH:	
	1/21/2001	v. Com ann	2-18-21	
X: Wyla (1) Date: (Signature/and Date Must Be Handwritten At Time	of Signature)	(Signature and Date Must Be Handwrijten	At Time of Signature)	
Print Name: ANGECA OTIS		Print Name: KCGG Y CONNAGY	_ , \D	
Print Title: 6-OSHEN SECECTBOARD, CHA	1.0	Print Title: Director of A	-CLOUMING	
E.	19670AN NO NO NOCOSTA N	and Cany	na Thur	



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

nttps://www.macomptroller.org/lorins. Forms are also posted at	OSD FORMS, nups//www.	mass.gov/iisis/oso-iorns.		
CONTRACTOR LEGAL NAME: TOWN OF GRAFTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 30 PROVIDENCE RD GRAFTON, MA 01519-1511		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: BARBARA CONNELLY	Phone: 508-839-9242	Billing Address (if different):		
E-Mail: ConnellyB@GRAFTON-MA.GOV	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191802		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAGRAFTON000000		
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-1	040 C-1040L-57550	
X NEW CONTRACT		CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date Prior to Amendment:	, 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	t)	AMENDMENT TYPE: (Check one option only. Attach	ranka para da mana ang mana pana at mana at man	
Department Procurement (includes all Grants - 815 CMR Notice or RFR, and Response or other procurement supp		Amendment to Date, Scope or Budget (Attach upda Interim Contract (Attach justification for Interim Cont		
Emergency Contract (Attach justification for emergency, s	cope, budget)	Contract Employee (Attach any updates to scope or		
Contract Employee (Attach Employment Status Form, sco ✓ Other Procurement Exception (Attach authorizing langua		Other Procurement Exception (Attach authorizing la		
specific exemption or earmark, and exception justification, s		scope and budget)		
The Standard Contract Form Instructions and Contractor (into this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions	Certifications and the foon): Commonwealth T	llowing Commonwealth Terms and Conditions docume Ferms and Conditions <u>✓</u> Commonwealth Terms and Condit	nt are incorporated by reference ions For Human and Social	
COMPENSATION: (Check ONE option): The Department cert in the state accounting system by sufficient appropriations or care Rate Contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum obligation Contract.	ther non-appropriated fur all rates, units, calculation	ids, subject to intercept for Commonwealth owed debts und ns, conditions or terms and any changes if rates or terms a	er 815 CMR 9.00. re being amended.)	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 20 days % PPD; Payment issued within 45 days % PPD. If PPD percentages are left blank, identify reason: agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only in payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.) 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 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 interested by 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.			, % PPD; Payment issued within 30 (M.G.L. c. 29, § 23A); only initial he Councils on Aging of the ocation of available grant funding. final fiscal report accounting for we been triggered) and are intended	
ANTICIPATED START DATE: (Complete ONE option only)			Contract obligations:	
1. may be incurred as of the Effective Date (latest signature 2. may be incurred as of, 20, a date LATER that	date below) and <u>no</u> oblig	gations have been incurred <u>prior</u> to the Effective Date.	ve Date	
✓ 3. were incurred as of <u>JULY 1</u> , 20 <u>20</u> , a date PRIOR to	he Effective Date below	and the parties agree that payments for any obligations inc	urred prior to the Effective Date are	
authorized to be made either as settlement payments or	as authorized reimbursem	ent payments, and that the details and circumstances of all	obligations under this Contract are	
attached and incorporated into this Contract. Acceptance	e of payments forever rele	eases the Commonwealth from further claims related to thes	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	fresolving any claimor dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other represent Amendment has been executed by an authorized signatory of approvals. The Contractor certifies that they have accessed certifications required under the Standard Contract Form Instructions are upon request to support compliance, and a incorporated by reference herein according to the following his Standard Contract Form Instructions and Contractor Certificate by a Department as unacceptable, and additional negotiate Contractor's Response only if made using the process outline	the Contractor, the Depa d and reviewed all doc actions and Contractor Contra	rtment, or a later Contract or Amendment Start Date specifuments incorporated by reference as electronically publications under the pains and penalties of perjury, and ful erning performance of this Contract and doing business edence, the applicable Commonwealth Terms and Condition ponse (RFR) or other solicitation, the Contractor's Response additional negotiated terms will take precedence over the	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, file e (excluding any language stricken	



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.macc.motro.ller.org/forms_Forms_are_also_posted_at_OSD_Forms_bitos//www.macc.motro.ller.org/forms_Forms_are_also_posted_at_OSD_Forms_bitos//www.macc.motro.ller.org/forms_Forms_are_also_posted_at_OSD_Forms_bitos//www.macc.motro.ller.org/forms_Forms_are_also_posted_at_OSD_Forms_bitos//www.macc.motro.ller.org/forms_Forms_are_also_posted_at_OSD_Forms_bitos//www.macc.motro.ller.org/forms_Forms_are_also_posted_at_OSD_Forms_bitos//www.macc.motro.ller.org/forms_Forms_are_also_posted_at_OSD_Forms_bitos//www.macc.motro.ller.org/forms_Forms_are_also_posted_at_OSD_Forms_bitos//www.macc.motro.ller.org/forms_Forms_are_also_posted_at_OSD_Forms_bitos//www.macc.motro.ller.org/forms_Forms_are_also_posted_at_OSD_Forms_bitos//www.macc.motro.ller.org/forms_Forms_are_also_posted_at_OSD_Forms_bitos//www.macc.motro.ller.org/forms_Forms_are_also_posted_at_OSD_Forms_bitos//www.macc.motro.ller.org/forms_Forms_bitos//www.macc.motro.ller.org/forms_Forms_bitos//www.macc.motro.ller.org/forms_Forms_bitos//www.macc.motro.ller.org/forms_Forms_bitos//www.macc.motro.ller.org/forms_Forms_bitos//www.macc.motro.ller.org/forms_Forms_bitos//www.macc.motro.ller.org/forms_Bitos/forms_bitos//www.macc.motro.ller.or

nttps://www.macomptroller.org/lorms. Forms are also posted at	OSD FORMS: https://www.i	riass.gov/iisis/osd-ioriris.	
CONTRACTOR LEGAL NAME: TOWN OF GRANBY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 10B W STATE ST GRANBY, MA 01033-9450		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: CHLOE CANTER	Phone: 413-467-3239	Billing Address (if different):	
E-Mail: coadirector@granby-ma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191803		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAGRANBY0000000	
(Note: The Address ID must be set up for EFT payments.)	Ī	RFR/Procurement or Other ID Number: BD-21-1040-10	040C-1040L-57550
X NEW CONTRACT		CONTRACT AMEND	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date Prior to Amendment:	
Statewide Contract (OSD or an OSD-designated Departme	ent)	Enter Amendment Amount: \$ (or "no change	
Collective Purchase (Attach OSD approval, scope, budget Department Procurement (includes all Grants - 815 CMR 2		AMENDMENT TYPE: (Check one option only. Attach d	
Notice or RFR, and Response or other procurement support		Amendment to Date, Scope or Budget (Attach upda Interim Contract (Attach justification for Interim Contract)	Andrew Control of the
Emergency Contract (Attach justification for emergency, se		Contract Employee (Attach any updates to scope or b	10 1- garage-10 10 and
Contract Employee (Attach Employment Status Form, scoper Other Procurement Exception (Attach authorizing language)		Other Procurement Exception (Attach authorizing la	(372) St.A
specific exemption or earmark, and exception justification, s		scope and budget)	
The Standard Contract Form Instructions and Contractor Control into this Contract and are legally binding: (Check ONE option Services Commonwealth IT Terms and Conditions			
COMPENSATION: (Check ONE option): The Department certing the state accounting system by sufficient appropriations or one Rate Contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum obligation.	ther non-appropriated fur all rates, units, calculatio	ds, subject to intercept for Commonwealth owed debts under ns, conditions or terms and any changes if rates or terms are	er 815 CMR 9.00. e being amended.)
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth paidentify a PPD as follows: Payment issued within 10 days% days% PPD. If PPD percentages are left blank, identify repayment (subsequent payments scheduled to support standard)	PPD; Payment issued w ason:agree to star rd EFT 45 day payment	ithin 15 days % PPD; Payment issued within 20 days ndard 45 day cycle statutory/legal or Ready Payments (cycle. See Prompt Pay Discounts Policy.)	% PPD; Payment issued within 30 M.G.L. c. 29, § 23A); only initial
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: T municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The The performance period for this award is 7/1/20-6/30/21. The municipality certifies that the funct how these grant funds were applied. All approved obligations incurred prior to the effective date to be part of this agreement, are to be funded from the total amount awarded under this agreem maximum obligation of this contract. COAs are responsible for returning this executed contract to		120. The award amount is determined by a census-based allo te funds will be used for COA activities, and will complete a ve date of this agreement (for which payment obligations have greement. This contract, once executed by both parties, will b	ocation of available grant funding. final fiscal report accounting for e been triggered) and are intended
ANTICIPATED START DATE: (Complete ONE option only) T			Contract obligations:
1, may be incurred as of the Effective Date (latest signature			a Data
2. may be incurred as of, 20, a date LATER than3. were incurred as of <u>JULY 1, 20, 20</u> , a date PRIOR to the			
authorized to be made either as settlement payments or a	is authorized reimbursem	ent payments, and that the details and circumstances of all-	obligations under this Contract are
attached and incorporated into this Contract. Acceptance	of payments forever rele	ases the Commonwealth from further claims related to these	e 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 or the contract of the cont	nance expectations and	obligations shall survive its termination for the purpose of	resolving any claim or dispute, for
CERTIFICATIONS: Notwithstanding verbal or other represent Amendment has been executed by an authorized signatory of approvals. The Contractor certifies that they have accesse certifications required under the Standard Contract Form Instru documentation upon request to support compliance, and an incorporated by reference herein according to the following his Standard Contract Form Instructions and Contractor Certificati by a Department as unacceptable, and additional negotiate Contractor's Response only if made using the process outlined costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: (Signature and Date Must Be Handwritten At Time Print Name:	the Contractor, the Depad and reviewed all door ctions and Contractor Ce grees that all terms government precions, the Request for Resed terms, provided that all in 801 CMR 21.07, incompany conferences.	rtment, or a later Contract or Amendment Start Date specifications incorporated by reference as electronically publis effications under the pains and penalties of perjury, and furtherning performance of this Contract and doing business edence, the applicable Commonwealth Terms and Condition ponse (RFR) or other solicitation, the Contractor's Response additional negotiated terms will take precedence over the reporated herein, provided that any amended RFR or Response AUTHORIZING SIGNATURE FOR THE COMMONWEATH	ed above, subject to any required shed and the Contractor makes all ther agrees to provide any required in Massachusetts are attached or as, this Standard Contract Form, the explication of the Contract Form, the explication of the RFR and the see terms result in best value, lower the Contract Form of the RFR and the see terms result in best value, lower the Contract Form of the RFR and the see terms result in best value, lower the Contract Form of the RFR and the see terms result in best value, lower the Contract Form of the Con

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:

Thips://www.maconpublier.org/forms. Forms are also posted at	OSD Forms: https://www	.mass.gov/lists/osd-forms.	
CONTRACTOR LEGAL NAME: TOWN OF GRANVILLE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 707 MAIN RD GRANVILLE, MA 01034-9797		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: MATTHEW STREETER	Phone: 413-357-8585	Billing Address (if different):	
E-Mail: TownAdministrator@townofgranville.org	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191805		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAGRANVILLE0000	
(Note: The Address ID must be set up for EFT payments.)	/	RFR/Procurement or Other ID Number: BD-21-1040	J-1040 C-1040L-57550
X_ NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		CONTRACT AMEN Enter Current Contract End Date <i>Prior</i> to Amendmen Enter Amendment Amount: \$ (or "no chan AMENDMENT TYPE: (Check one option only. Attack Amendment to Date, Scope or Budget (Attack up Interim Contract (Attack justification for Interim Con Contract Employee (Attack any updates to scope of Other Procurement Exception (Attack authorizing scope and budget)	t:, 20 nge") h details of amendment changes.) rdated scope and budget) ntract and updated scope/budget) or budget) l language/justification and updated
The Standard Contract Form Instructions and Contractor C into this Contract and are legally binding: (Check ONE option Services Commonwealth IT Terms and Conditions	on): Commonwealth 1	Terms and Conditions <u>✓</u> Commonwealth Terms and Cond	ditions For Human and Social
COMPENSATION: (Check ONE option): The Department certiin the state accounting system by sufficient appropriations or of a Rate Contract. (No Maximum Obligation) Attach details of a Maximum Obligation Contract. Enter total maximum obligendary PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pa	other non-appropriated fun all rates, units, calculation pation for total duration of	nds, subject to intercept for Commonwealth owed debts un ons, conditions or terms and any changes if rates or terms a f this contract (or <i>new</i> total if Contract is being amended).	nder 815 CMR 9.00. are being amended.) \$ <u>6.000.00.</u>
identify a PPD as follows: Payment issued within 10 days% days% PPD. If PPD percentages are left blank, identify re payment (subsequent payments scheduled to support standar	% PPD; Payment issued wi eason: <u>✓</u> agree to stan ird EFT 45 day paŷment o	ithin 15 days % PPD; Payment issued within 20 days _ ndard 45 day cycle statutory/legal or Ready Payments cycle. See Prompt Pay Discounts Policy.)	% PPD; Payment issued within 30 s (MG.L. c. 29, § 23A); only initial
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or R municipalities of the Commonwealth, as appropriated in the Cha The performance period for this award is 7/1/20-6/30/21. The months the grant funds were applied. All approved obligations in to be part of this agreement, are to be funded from the total amon maximum obligation of this contract. COAs are responsible for re-	apter 227 of the Acts of 20 nunicipality certifies that th ncurred prior to the effectiv ount awarded under this a eturning this executed cor	020. The award amount is determined by a census-based a ne funds wil be used for COA activities, and wil complete we date of this agreement (for which payment obligations ha agreement. This contract, once executed by both parties, wil ntract by no later than June 30, 2021.	allocation of available grant funding. a final fiscal report accounting for ave been triggered) and are intended Il be treated as the sole invoice for the
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: 1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date. 2. may be incurred as of, 20, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date. 3. were incurred as of, 20, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date 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 attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.			tive Date. curred prior to the Effective Date are all obligations under this Contract are see obligations.
CONTRACT END DATE: Contract performance shall terminal amended, provided that the terms of this Contract and perform completing any negotiated terms and warranties, to allow any cl	nance expectations and elose out or transition perf	obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during	of resolving any claim or dispute, for ng any lapse between amendments.
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contractor Amendment shall be the latest date that this Contractor Amendment shall be the latest date that this Contractor Amendment shall be the latest date that this Contractor Amendment shall be the latest date that this Contractor Amendment shall be the latest date that this Contractor or Amendment shall be the latest date that this Contractor Contract or Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this Contractor Contract or Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this Contract process. The Contractor certifications and Contract process and reviewed all documents incorporated by reference as electronically published and the Contractor macroprocess of the Contract process 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 attaction and period 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 languages by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR a Contractor's Response only if 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:			ified above, subject to any required lished and the Contractor makes all urther agrees to provide any required is in Massachusetts are attached or ons, this Standard Contract Form, he se (excluding any language stricken e relevant terms in the RFR and the onse terms result in best value, lower EALTH:
X: Date: 1/15/2021 (Signature and Date Must Be Handwritten At Time of Signature) Print Name: MATTHEW STREETER		X: Yeller Julester, Date: 28 2021 (Signature and Date Must Be Handwritten At Time of Signature) Print Name: Received Gold Steps	

Print Title: _

Print Title: Town ADMINISTRATOR

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nitps://www.macomptroller.org/lorns. Forms are also posted at	OSD FOITIB. Https://www.	ilidaa.govillalajoau-lottia.	
CONTRACTOR LEGAL NAME: TOWN OF GREAT BARRINGTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 334 MAIN ST GREAT BARRINGTON, MA 01230-1845		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: PAULINE MANN	Phone: 413-528-1881	Billing Address (if different):	
E-Mail: pmann@townofgb.org	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191806		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD_001.		MMARS Doc ID(s): FY21COAGREATBARRINGT	The State of the S
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	040C-1040L-57550
X NEW CONTRACT		CONTRACT AMEND	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date Prior to Amendment:	
Statewide Contract (OSD or an OSD-designated Departm	ent)	Enter Amendment Amount: \$ (or "no change	ň.
Collective Purchase (Attach OSD approval, scope, budge Department Procurement (includes all Grants - 815 CMR		AMENDMENT TYPE: (Check one option only, Attach d	
Notice or RFR, and Response or other procurement supp		Amendment to Date, Scope or Budget (Attach upda Interim Contract (Attach justification for Interim Contra	
Emergency Contract (Attach justification for emergency, s		Contract Employee (Attach any updates to scope or I	
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, s		scope and budget)	
The Standard Contract Form Instructions and Contractor Cinto 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			
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%			
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		M.G.L. c. 29, § 23A); only initial	
payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This			e Councils 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 how these grant funds were applied. All approved obligations in	nunicipality certifies that the	ne funds will be used for COA activities, and will complete a f	inal fiscal report accounting for
to be part of this agreement, are to be funded from the total amo			
maximum obligation of this contract. COAs are responsible for			
ANTICIPATED START DATE: (Complete ONE option only) T	The second secon		Contract obligations:
1. may be incurred as of the Effective Date (latest signature2. may be incurred as of, 20, a date LATER than			e Date.
✓ 3. were incurred as of JULY 1, 20 20 , a date PRIOR to to	he Effective Date below,	and the parties agree that payments for any obligations incu	rred prior to the Effective Date are
		ent payments, and that the details and circumstances of all	
		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 perforn			
completing any negotiated terms and warranties, to allow any o	close out or transition per	formance, reporting, invoicing or final payments, or during	any lapse between amendments.
CERTIFICATIONS: Notwithstanding verbal or other represent			
Amendment has been executed by an authorized signatory of approvals. The Contractor certifies that they have accessed			
certifications required under the Standard Contract FormInstru			
documentation upon request to support compliance, and ag	grees that all terms gove	erning performance of this Contract and doing business	in Massachusetts are attached or
incorporated by reference herein according to the following hie	rarchy of document prece	edence, the applicable Commonwealth Terms and Condition.	s, 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 langua by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the R		relevant terms in the RFR and the	
Contractor's Response only if made using the process outlined costs, or a more cost effective Contract.	lin 801 CMR 21.07, incor	porated herein, provided that any amended RFR or Respons	se terms result in best value, lower
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	ì	AUTHORIZING SIGNATURE FOR THE COMMONWEA	LTH:
	1-21-21	X: Y-early Day, Da	2 18-11
X: Date: Date:	of Signature)	(Signature and Date Must Be Handwritten	
Print Name: MANIC PRUMCHSKY .		Print Name: 1899 Y. CONNE	CAY LINE
Print Title: TOWN MANKOW.		Print Title:	ALLIOUM MY
	Updated 6/30	1/20) Page 1 of 1 and Corte	acting to

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 formis not prescribed by regulation or policy. The Commonwealth deems void any changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form to the Standard Contract Form Instructions and Contractor Certifications, the Commonwealth Terms and Conditions for Human and Social Services or the Commonwealth IT Terms and Conditions which are incorporated by reference herein. Additional non-conflicting terms may be added by Attachment, Contractors are required to access published forms at CTR Forms: https://www.maccomptroller.org/forms. Forms are also posted at OSD Forms; https://www.maccomptroller.org/forms. 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 GREENFIELD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 14 COURT SQ GREENFIELD, MA 01301-3547		Business Mailing Address: 1 ASHBURTON PL BOST	ON, MA 02108	
Contract Manager: HOPE MACARY	Phone: 413-772-1517	Billing Address (if different):		
E-Mail: hope.macary@greenfieki-ma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6080191808	[20,-330]	E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAGREENFIELD000	1 U.N. VII 121 VVVV	
(Note: The Address ID must be set up for EFT payments.)	k I	RFR/Procurement or Other ID Number; BD-21-1040-10	MOC 10401 67650	
X NEW CONTRACT				
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	CONTRACT AMENDI Enler Current Contract End Date <u>Prior</u> to Amendment		
Statewide Contract (OSD or an OSD-designated Departm		Enler Amendment Amount: \$ (or "no change"		
Collective Purchase (Allach OSD approval, scope, budge	0	AMENDMENT TYPE: (Check one option only. Attach d		
Department Procurement (includes all Grants - 815 CMR. Notice or RFR, and Response or other procurement support	2.00) (Solicitation	Amendment to Date, Scope or Budget (Attach update		
Emergency Contract (Attach justification for emergency, see	cope, budget)	Interim Contract (Alfach justification for Interim Contra		
 Contract Employee (Atlach Employment Status Form, scoper Other Procurement Exception (Atlach authorizing language) 	re, budgel)	Contract Employee (Atlach any updates to scope or to Other Procurement Exception (Atlach authorizing lar		
specific exemption or earnark, and exception justification, s	cope and budget)	scope and budget)	iguagajusuiicaiion ano upriaieri	
The Standard Contract Form Instructions and Contractor Cinto this Contract and are legally binding: (Check ONE option ServicesCommonwealth IT Terms and Conditions	Certifications and the foon):Commonwealth	Nowing Commonwealth Terms and Conditions document Terms and Conditions ✓ Commonwealth Terms and Conditions	tare incorporated by reference ons For Human and Social	
COMPENSATION: (Check ONE option): The Department certical the control of the cont				
in the state accounting system by sufficient appropriations or o Rate Contract.(No Maximum Obligation) Attach details of	all rates, units, calculation	ones, subject to intercept for Commonweaun owed debis unde ons, conditions or terms and any changes if rates or terms are	being amended.)	
✓ Maximum Obligation Contract. Enter total maximum oblig	ration for total duration o	f this contract (or new total if Contract is being amended). \$ 4	18,840.00.	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pa	yments are issued thro	ugh EFT 45 days from invoice receipt. Contractors reques	sting accelerated payments must	
identify a PPD as follows: Payment issued within 10 days %	PPD: Payment issued w	rithin 15 days % PPD: Payment issued within 20 days	% PPD: Payment issued within 30	
days% PPD. If PPD percentages are left blank, identity re payment (subsequent payments scheduled to support standa	rd FFT 45 day payment	ndard 45 day cyclestatutory/legat or Ready Payments (I cycle, See Promot Pay Discounts Policy)	A.G.L. c. 29, § 23A); only initial	
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or R	EASON FOR AMENDM	ENT: This contract is to distribute a formula grant award to th	e Councils on Aging of the	
municipalities of the Commonwealth, as appropriated in the Cha	apter 227 of the Acts of 20	D20. 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 rr how these grant funds were applied. All approved obligations in	unicipality certilies that t ocurred prior to the effecti	ne funds will be used for COA activities, and will complete a fi ve date of this agreement (for which payment obligations have	nal tiscal report accounting for heen triggered) and are intended	
to be part of this agreement, are to be funded from the total amo	ount awarded under this a	agreement. This contract, once executed by both parties, will b	e treated as the sole invoice for the	
maximum obligation of this contract, COAs are responsible form ANTICIPATED START DATE: (Complete ONE option only) To			N-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
1.may be incurred as of the Effective Date (latest signature			contract obligations;	
2, may be incurred as of, 20, a date LATER than	the Effective Date below	w and <u>no</u> obligations have been incurred prior to the Effective	e Date.	
✓ 3. were incurred as of JULY 1, 20 20 , a date PRIOR to the second	ne Effective Date below,	and the parties agree that payments for any obligations incu	rred prior to the Effective Date are	
authorized to be made either as settlement payments or a	s authorized reimbursem	nent payments, and that the delaits and circumstances of all c eases the Commonwealth from further claims related to these	bligations under this Contract are	
CONTRACT END DATE: Contract performance shall termine				
amended, provided that the terms of this Contract and perform completing any negotiated terms and warranties, to allow any of	nance expectations and	obligations shall survive its termination for the nurrose of	resolving any daimor dispute for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the				
Contractor's Response only if made using the process outlined costs, or a more cost effective Contract.	lin 801 CMR 21.07, inco	rporated herein, provided that any amended RFR or Respon	se terms result in best value, lower	
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:		AUTHORIZING SIGNATURE FOR THE COMMONWEA	LTH:	
(Signature and Date Must Be Mandwritten At Time		X: <u>Facual Addstern</u> Da (Signature and Date Must Be Handwritten	At Time of Signature)	
Print Name: Roxun Wedeger In	M	Print Name: Raenel Golds Print Title: 40	rem	
		11110	- ;	

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

https://www.macs.mpt/leg.cre/forms.

https://www.macomptroller.org/forms. Forms are also posted at C	OSD Forms: https://www.i		
CONTRACTOR LEGAL NAME: TOWN OF GROTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 173 MAIN ST GROTON, MA 01450-4231		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: KATHY SHELP	Phone: 978-448-1170	Billing Address (if different):	
E-Mail: GCOA@townofgroton.org	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191809		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD_001.		MMARS Doc ID(s): FY21COAGROTON0000000	
(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		CONTRACT AMENDI	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date Prior to Amendment:	, 20
Statewide Contract (OSD or an OSD-designated Departme	nt)	Enter Amendment Amount: \$ (or "no change"	
 Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes all Grants - 815 CMR 2 	00) (Solicitation	AMENDMENT TYPE: (Check one option only. Attach do	
Notice or RFR, and Response or other procurement suppor	rting documentation)	Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contra	A CONTRACTOR OF THE PROPERTY O
Emergency Contract (Attach justification for emergency, sc	ope, budget)	Contract Employee (Attach any updates to scope or b	
 Contract Employee (Attach Employment Status Form, scop Other Procurement Exception (Attach authorizing language 	e, buaget) e. legislation with	Other Procurement Exception (Attach authorizing lan	
specific exemption or earmark, and exception justification, so	cope and budget)	scope and budget)	
The Standard Contract Form Instructions and Contractor C into this Contract and are legally binding: (Check ONE optio ServicesCommonwealth IT Terms and Conditions	ertifications and the fol n): Commonwealth T	lowing Commonwealth Terms and Conditions document erms and Conditions <u>Commonwealth Terms</u> and Condition	t are incorporated by reference ins For Human and Social
COMPENSATION: (Check ONE option): The Department certifing the state accounting system by sufficient appropriations or other management of the Contract. (No Maximum Obligation) Attach details of the Maximum Obligation Contract. Enter total maximum obligation	her non-appropriated fun- all rates, units, calculation	ds, subject to intercept for Commonwealth owed debts unde ns, conditions or terms and any changes if rates or terms are	r 815 CMR 9.00. being amended.)
	THE RESERVE OF THE PARTY OF THE		
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pay a PPD as follows: Payment issued within 10 days % PPD; % PPD. If PPD percentages are left blank, identify reason: _ (subsequent payments scheduled to support standard EFT 45 or	Payment issued within 1: ✓ agree to standard 45 day payment cycle. See F	5 days % PPD; Payment issued within 20 days % PP i day cycle statutory/legal or Ready Payments (M.G.L. c. Prompt Pay Discounts Policy.)	29, § 23A); only initial payment
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDME 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 effective to be part of this agreement, are to be funded from the total amount awarded under this agreement are to be funded from the total provided the part of this agreement.		20. The award amount is determined by a census-based alloe funds will be used for COA activities, and will complete a fire date of this agreement (for which payment obligations have greement. This contract, once executed by both parties, will be	cation of available grant funding. inal fiscal report accounting for been triggered) and are intended
ANTICIPATED START DATE: (Complete ONE option only) The	ne Department and Contr	actor certify for this Contract, or Contract Amendment, that 0	Contract obligations:
1. may be incurred as of the Effective Date (latest signature 2. may be incurred as of, 20, a date LATER than	date below) and <u>no</u> oblig	lations have been incurred <u>prior</u> to the Effective Date.	a Data
2. may be incurred as of, 20, a date LATER than ✓3. were incurred as of <u>JULY 1</u> , 20_20, a date PRIOR to the	i the Effective Date below he Effective Date helow	and the parties agree that payments for any obligations incu	rred prior to the Effective Date are
authorized to be made either as settlement payments or a	s authorized reimbursem	ent payments, and that the details and circumstances of all c	obligations under this Contract are
		ases the Commonwealth from further claims related to these	
CONTRACT END DATE: Contract performance shall terminate provided that the terms of this Contract and performance expended terms and warranties, to allow any close out or trans	ctations and obligations s	hall survive its termination for the purpose of resolving any of	claim or dispute, for completing any
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Correquired under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provupon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attach herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract For Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any languag unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the 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 Contract. AUTHORIZING SIGNATURE FOR THE COMTRACTOR: X: Signature and Date Must Be Handwritten At Time of Signature) Print Name: Print Title: TOWN MONG OF Print Title: Print Title: Print Title:			fied above, subject to any required e Contractor makes all certifications rovide any required documentation ached or incorporated by reference Form, the Standard Contract Form uage stricken by a Department as d the Contractor's Response only if ower costs, or a more cost effective ALTH: At Tinje of Signature)

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https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.	mass.gov/lists/osd-forms.	
CONTRACTOR LEGAL NAME: TOWN OF GROVELAND (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 183 MAIN ST GROVELAND, MA 01834-1341		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: LYNNE A. STANTON	Phone: 978-372-1101	Billing Address (if different):	
E-Mail: Lstanton@GrovelandMA.com	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191810		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAGROVELAND0000	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-1	040C-1040L-57550
		CONTRACT AMENDMENT Enter Current Contract End Date Prior to Amendment:, 20 Enter Amendment Amount: \$ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) Amendment to Date, Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget) Contract Employee (Attach any updates to scope or budget) Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)	
The Standard Contract Form Instructions and Contractor into this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions	on): Commonwealth	Terms and Conditions <u>✓</u> Commonwealth Terms and Condit	ions For Human and Social
compensation: (Check ONE option): The Department cert in the state accounting system by sufficient appropriations or a Rate Contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum obligation	other non-appropriated fur fall rates, units, calculatio	nds, subject to intercept for Commonwealth owed debts und ons, conditions or terms and any changes if rates or terms a	ler 815 CMR 9.00. re being amended.)
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth poidentify 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)	% PPD; Payment issued w eason: _✓_agree to star	ithin 15 days % PPD; Payment issued within 20 days ndard 45 day cycle statutory/legal or Ready Payments	% PPD; Payment issued within 30
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant 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 involved invariant mobiligation of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021.			ocation of available grant funding. final fiscal report accounting for we been triggered) and are intended
ANTICIPATED START DATE: (Complete ONE option only)	The Department and Cont	ractor certify for this Contract, or Contract Amendment, that	Contract obligations:
1. may be incurred as of the Effective Date (latest signature	e date below) and <u>no</u> obli	gations have been incurred prior to the Effective Date.	5-4-
2. may be incurred as of, 20, a date LATER that ✓ 3. were incurred as of JULY1, 20 20, a date PRIOR to authorized to be made either as settlement payments or attached and incorporated into this Contract. Acceptance	the Effective Date below, as authorized reimbursen	w and <u>no</u> obligations have been incurred <u>prior</u> to the Eliech and the parties agree that payments for any obligations inc pent payments, and that the details and circumstances of all pases the Commonwealth from further claims related to thes	surred prior to the Effective Date are lobligations under this Contract are
contract END DATE: Contract performance shall termin amended, provided that the terms of this Contract and perfor completing any negotiated terms and warranties, to allow any	mance expectations and close out or transition per	obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during	f resolving any claim or dispute, for gany lapse between amendments.
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes 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 outcomentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language strick by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, low costs, 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: Print Title: Print Title: Print Title: Print Title:			fied above, subject to any required ished and the Contractor makes all other agrees to provide any required is in Massachusetts are attached or not, this Standard Contract Form, the relevant terms in the RFR and the note terms result in best value, lower that I make the of Signature)