



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

CONTRACTOR LEGAL NAME: TOWN OF HADLEY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE MMARS Department Code:	VE OFFICE OF ELDER AFFAIRS	
Legal Address: (W-9, W-4): 46 Middle Street Hadley, MA 01035	=	Business Mailing Address: 1 ASHBURTON PL BOS	STON, MA 02108	
Contract Manager: HAYLEY WOOD	Phone: 413-586-4023	Billing Address (if different):		
E-Mail: coa@hadleyma.org	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191811		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAHADLEY0000000		
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-1	1040C-1040L-57550	
X NEW CONTRACT	1	CONTRACT AMENI	Parameter and the contract of	
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)		Enter Current Contract End Date <u>Prior</u> to Amendment:, 20 Enter Amendment Amount: \$ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) Amendment to Date, Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget) Contract Employee (Attach any updates to scope or budget) Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)		
The Standard Contract Form Instructions and Contractor C into this Contract and are legally binding: (Check ONE optio Services Commonwealth IT Terms and Conditions	on): Commonwealth To	Ferms and Conditions <u>✓</u> Commonwealth Terms and Condit	tions For Human and Social	
compensation: (Check ONE option): The Department certifin the state accounting system by sufficient appropriations or ofRate Contract. (No Maximum Obligation) Attach details ofYMaximum Obligation Contract. Enter total maximum obligation	ther non-appropriated fund all rates, units, calculation ation for total duration of t	nds, subject to intercept for Commonwealth owed debts und ons, conditions or terms and any changes if rates or terms and this contract (or <i>new</i> total if Contract is being amended). \$	der 815 CMR 9.00. are being amended.) _16,668.00.	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pay a PPD as follows: Payment issued within 10 days% PPD; I% PPD. If PPD percentages are left blank, identify reason: _(subsequent payments scheduled to support standard EFT 45 or	Payment issued within 15 agree to standard 45 day payment cycle. See P	5 days % PPD; Payment issued within 20 days % P 5 day cycle statutory/legal or Ready Payments (M.G.L. o Prompt Pay Discounts Policy.)	PPD; Payment issued within 30 days c. 29, § 23A); only initial payment	
municipalities of the Commonwealth, as appropriated in the Chal The performance period for this award is 7/1/20-6/30/21. The m how these grant funds were applied. All approved obligations inc	BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant funding. The performance period for this award is 7/1/20-6/30/21. The municipality certifies that the funds will be used for COA activities, and will complete a final fiscal report accounting for how these grant funds were applied. All approved obligations incurred prior to the effective date of this agreement (for which payment obligations have been triggered) and are intended to be part of this agreement, are to be funded from the total amount awarded under this agreement. This contract, once executed by both parties, will be treated as the sole invoice for the			
ANTICIPATED START DATE: (Complete ONE option only) Th	he Department and Contra	ractor certify for this Contract, or Contract Amendment, that	Contract obligations:	
1. may be incurred as of the Effective Date (latest signature	date below) and $\underline{\mathbf{no}}$ oblig	ations 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 JULY 1, 20 20_, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.				
CONTRACT END DATE: Contract performance shall terminate provided that the terms of this Contract and performance expecinegotiated terms and warranties, to allow any close out or trans	ctations and obligations sh	shall survive its termination for the purpose of resolving any	claim or dispute, for completing any	
CERTIFICATIONS: Notwithstanding verbal or other represents Amendment has been executed by an authorized signatory of approvals. The Contractor certifies that they have accessed and required under the Standard Contract Form Instructions and Coupon request to support compliance, and agrees that all terms of herein according to the following hierarchy of document preceded instructions and Contractor Certifications, the Request for Resumacceptable, and additional negotiated terms, provided that additional made using the process outlined in 801 CMR 21.07, incorporate Contract.	the Contractor, the Depa d reviewed all documents intractor Certifications und governing performance of dence, the applicable Con esponse (RFR) or other si dditional negotiated terms	artment, or a later Contract or Amendment Start Date specificorporated by reference as electronically published and the der the pains and penalties of perjury, and further agrees to of this Contract and doing business in Massachusetts are at ammonwealth Terms and Conditions, this Standard Contract solicitation, the Contractor's Response (excluding any langs will take precedence over the relevant terms in the RFR at	cified above, subject to any required he Contractor makes all certifications provide any required documentation trached or incorporated by reference of Form, the Standard Contract Form guage stricken by a Department as and the Contractor's Response only in lower costs, or a more cost effective	

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

X

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

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https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.r			
CONTRACTOR LEGAL NAME: TOWN OF HALIFAX (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 499 PLYMOUTH ST HALIFAX, MA 02338-1338		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: SUSAN LAWLESS	Phone: 781-293-7313	Billing Address (if different):		
E-Mail: susan.lawless@halifax-ma.org	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191812		E-Mail: STACEY,OCONNELL@MASS,GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAHALIFAX000000		
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-1	040 C-1040L-57550	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) ✓ Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		CONTRACT AMENDMENT Enter Current Contract End Date Prior to Amendment:, 20 Enter Amendment Amount: \$ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) Amendment to Date, Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget) Contract Employee (Attach any updates to scope or budget) Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)		
The Standard Contract Form Instructions and Contractor into this Contract and are legally binding: (Check ONE opt Services Commonwealth IT Terms and Conditions	ion): 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 Rate Contract. (No Maximum Obligation) Attach details o Maximum Obligation Contract. Enter total maximum	other non-appropriated fur f all rates, units, calculatio	nds, subject to intercept for Commonwealth owed debts und ons, conditions or terms and any changes if rates or term <mark>s ar</mark>	er 815 CMR 9.00. re being amended.)	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 45 days% PPD. If PPD percentages are left blank, identify reason:/ agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.) PRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the			% PPD; Payment issued within 30 (M.G.L. c. 29, § 23A); only initial he Councils on Aging of the	
municipalities of the Commonwealth, as appropriated in the Ct The performance period for this award is 7/1/20-6/30/21. The how these grant funds were applied. All approved obligations to be part of this agreement, are to be funded from the total an maximum obligation of this contract. COAs are responsible for	nunicipality certifies that the incurred prior to the effective count awarded under this a returning this executed co	ne funds will be used for COA activities, and will complete a ve date of this agreement (for which payment obligations hav agreement. This contract, once executed by both parties, will ntract by no later than June 30, 2021.	final fiscal report accounting for we been triggered) and are intended be treated as the sole invoice for the	
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:			Contract obligations:	
1. may be incurred as of the Effective Date (latest signature), 20, a date LATER that	e date below) and <u>no</u> oblination	gations have been incurred <u>prior</u> to the Effective Date.	ve Date.	
✓ 3. were incurred as of JULY 1, 20 20 , a date PRIOR to authorized to be made either as settlement payments or	the Effective Date below, as authorized reimbursen	and the parties agree that payments for any obligations incoment payments, and that the details and circumstances of all eases the Commonwealth from further claims related to these	urred prior to the Effective Date are lobligations under this Contract are	
CONTRACT END DATE: Contract performance shall terminate as ofJUNE 30, 20_21, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.				
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor 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 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, for costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X:				
Print Title:				

1

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https://www.macomptroller.org/forms. Forms are also posted at	05D FUITS, Https://www.i		
CONTRACTOR LEGAL NAME: TOWN OF HAMILTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 577 BAY RD SOUTH HAMILTON, MA 01982-1032		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: MARY BETH LAWTON	Phone: 978-468-5595	Billing Address (if different):	
E-Mail: coa@hamiltonma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191814		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAHAMILTON00000	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	40 C-1040L-57550
X_ NEW CONTRACT		CONTRACT AMENDI	
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 d	
Department Procurement (includes all Grants - 815 CMR Notice or RFR, and Response or other procurement supp	2.00) (Solicitation orting documentation)	Amendment to Date, Scope or Budget (Attach upda Interim Contract (Attach justification for Interim Contra	ed scope and budget)
Fragency Contract (Attach justification for emergency, s	cope, budget)	Contract Employee (Attach any updates to scope or b	
Contract Employee (Attach Employment Status Form, sco Other Procurement Exception (Attach authorizing langua	pe, budget)	Other Procurement Exception (Attach authorizing la	
specific exemption or earmark, and exception justification,	scope and budget)	scope and budget)	
The Standard Contract Form Instructions and Contractor into this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions	Certifications and the fo	Ilowing Commonwealth Terms and Conditions documer Terms and Conditions <u>Commonwealth</u> Terms and Condition	ntare incorporated by reference ons For Human and Social
COMPENSATION: (Check ONE option): The Department cert in the state accounting system by sufficient appropriations or o Rate Contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum obligation	other non-appropriated fun fall rates, units, calculatio	rds, subject to intercept for Commonwealth owed debts unde ns, conditions or terms and any changes if rates or terms are	er 815 CMR 9.00. e being amended.)
PROMPT PAYMENT DISCOUNTS (PPD). Commonwealth no	avments are issued throu	ugh EFT 45 days from invoice receipt. Contractors reque	sting accelerated payments must
identify a PPD as follows: Payment issued within 10 days	% PPD; Payment issued w 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 1
payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.) BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant funding. The performance period for this award is 7/1/20-6/30/21. The municipality certifies that the funds will be used for COA activities, and will complete a final fiscal report accounting for how these grant funds were applied. All approved obligations incurred prior to the effective date of this agreement (for which payment obligations have been triggered) and are intended to be part of this agreement, are to be funded from the total amount awarded under this agreement. This contract, once executed by both parties, will be treated as the sole invoice for the invariance 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)	he Department and Conti	ractor certify for this Contract, or Contract Amendment, that C	Contract obligations:
1 may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date.			_
2 may be insurred as of 20 a date I ATER that	n the Effective Date below	y and no obligations have been incurred prior to the Effective	e Date.
✓ 3. were incurred as of <u>JULY1</u> , 20 20 , a date PRIOR to authorized to be made either as settlement payments or attached and incorporated into this Contract. Acceptance	as aumonzeo reimbuisem	and the parties agree that payments for any obligations incuent payments, and that the details and circumstances of all cases the Commonwealth from further claims related to these	Digatoris and and one detail
CONTRACT END DATE: Contract performance shall termin	ate as of JUNE 30 .	20 21, with no new obligations being incurred after this da	te unless the Contract is properly
amended, provided that the terms of this Contract and 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	resolving any claim or dispute, for any lapse between amendments.
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract 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 a certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, in Standard 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 CONTRACTOR: X: Date: (Signature and Date Must Be Handwritten At Time of Signature)			
	czoh	Print Name:	Lugarting
Print Title:			

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https://www.macomptroller.org/lollis. Follis are also posted at	OOD 1 01118. 11(p33/111111)		
CONTRACTOR LEGAL NAME: TOWN OF HAMPDEN (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 625 MAIN ST HAMPDEN, MA 01036-9000		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: REBECCA MORIARTY Phone: 413-566-5588		Billing Address (if different):	
E-Mail: coa@hampdenma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191815		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
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X NEW CONTRACT		CONTRACT AMEND	
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	
Statewide Contract (OSD or an OSD-designated Departm	ent)	Enter Amendment Amount: \$ (or "no change AMENDMENT TYPE: (Check one option only. Attach o	
Collective Purchase (Attach OSD approval, scope, budge Department Procurement (includes all Grants - 815 CMR	2.00) (Solicitation	Amendment to Date, Scope or Budget (Attach upda	
Notice or RFR, and Response or other procurement supp	orting documentation)	Interim Contract (Attach justification for Interim Contract)	ract and updated scope/budget)
Emergency Contract (Attach justification for emergency, s Contract Employee (Attach Employment Status Form, sco	cope, budget) pe, budget)	Contract Employee (Attach any updates to scope or	budget)
Other Procurement Exception (Attach authorizing langua specific exemption or earmark, and exception justification,	ge, legislation with scope and budget)	Other Procurement Exception (Attach authorizing la scope and budget)	
The Standard Contract Form Instructions and Contractor into this Contract and are legally binding: (Check ONE opt	Certifications and the fo ion): Commonwealth	ollowing Commonwealth Terms and Conditions docume Terms and Conditions ✓ Commonwealth Terms and Condit	ntare incorporated by reference ions For Human and Social
Services Commonwealth IT Terms and Conditions			
COMPENSATION: (Check ONE option): The Department cer in the state accounting system by sufficient appropriations or	ther non-appropriated full	nds subject to intercept for Commonwealth owed debts und	ier 8 15 Civik 9.00.
Pate Contract (No Maximum Obligation) Attach details o	fall rates, units, calculation	ons, conditions or terms and any changes it rates of terms at	re being antended.)
✓ Maximum Obligation Contract. Enter total maximum obli	gation for total duration o	f this contract (or new total if Contract is being amended). \$	16,164.00.
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identify a PPD as follows: Payment issued within 10 days days% PPD. If PPD percentages are left blank, identify it	eason: ✓ agree to sta	ndard 45 day cycle statutory/legal or Ready Payments	(M.G.L. c. 29, § 23A); only initial
payment (subsequent payments scheduled to support stand	ard EFT 45 day payment	cycle. See Prompt Pay Discounts Policy.)	
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or municipalities of the Commonwealth, as appropriated in the Cl	REASON FOR AMENDM	ENT: This contract is to distribute a formula grant award to 0.00. The award amount is determined by a census-based all	the Councils on Aging of the location of available grant funding.
The factor of fact this award is 7/1/20 6/20/21 The	municipality certifies that t	he 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 to be part of this agreement, are to be funded from the total an	incurred prior to the effect	ive date of this agreement (for which payment obligations ha	ve been inggered) and are interided
maximum obligation of this contract. COAs are responsible for	returning this executed co	ontract 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, that	Contract obligations:
1. may be incurred as of the Effective Date (latest signature	re date below) and <u>no</u> obl	igations have been incurred <u>prior</u> to the Effective Date.	ve Date
, 20, a date LATER that, 20, a date PRIOR to, 20, a date PRIOR to	in the Effective Date below	w and <u>no</u> obligations have been incurred <u>prior</u> to the Effect	curred prior to the Effective Date are
authorized to be made either as settlement navments or	as authorized reimburser	ment payments, and that the details and circumstances of a	robigations under this Contractate
attached and incomporated into this Contract. Acceptance	e of payments forever rel	eases the Commonwealth from further claims related to the	se obligations.
CONTRACT END DATE: Contract performance shall term amended, provided that the terms of this Contract and performance shall the terms of this Contract and performance shall term amended.	nate as of JUNE 30	, 20 <u>21</u> , with no new obligations being incurred after this o	date unless the Contract is properly of resolving any claim or dispute, for
amended, provided that the terms of this Contract and period completing any negotiated terms and warranties, to allow any	close out or transition pe	erformance, reporting, invoicing or final payments, or durin	g any lapse between amendments.
CERTIFICATIONS: Notwithstanding verbal or other represe	ntations by the parties, th	e "Effective Date" of this Contract or Amendment shall be	the latest date that this Contract or
A L L L - L P	f the Contractor the Den	artment or a later Contract or Amendment Start Date speci	fled above, subject to any required
approvals. The Contractor certifies that they have access certifications required under the Standard Contract FormInst	ructions and Contractor (edifications under the pains and penalties of periury, and fu	rther agrees to provide any required
description upon request to support compliance and	agrees that all terms on	verning performance of this Contract and doing busines	s in wassachusells are allached of
incorporated by reference herein according to the following h Standard Contract Form Instructions and Contractor Certifica	sponse (RFR) prother solicitation, the Contractor's Respon-	se (excluding any language suicken	
. D	tod tarme provided that	t additional negotiated terms will take precedence over th	e relevant terms in the KFK and the
Contractor's Response only if made using the process outline costs, or a more cost effective Contract.	ed in 801 CMR 21.07, inc	orporated herein, provided that any amended RFR or Respo	onse terms result in dest value, lower
AUTHORIZAG SIGNATURE FOR THE CONTRACTOR:		AUTHORIZING SIGNATURE FOR THE COMMONWI	EALTH:
x: / Market 1. Market Date:	2/10/21	1x ready one	Sate: 3-4-2/
(Signature and Date Must Be Handwritten At Lin	ne of Signature)	(Signature and Date Must Be Handwritte	n At Time of Signature)
Print Name: LOBENT T. MARKEL	ī. a	Print Name: 199 CD N	8 you ton
Print Title: INTERIM TOWN ADMI	N.	Print Title:	The sales
	(Updated 6/	30/20) Page 1 of 1 AND LDI	ntracting

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

https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.r				
CONTRACTOR LEGAL NAME: TOWN OF HANOVER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:			
Legal Address: (W-9, W-4): 550 HANOVER ST HANOVER, MA 02339-2242		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108			
Contract Manager: TAMMY MURRAY	Phone: 781-924-1913	Billing Address (if different):			
E-Mail: coa@hanover-ma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419		
Contractor Vendor Code: VC6000191817		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368		
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAHANOVER000000			
(Note: The Address ID must be set up for EFT payments.)	Ì	RFR/Procurement or Other ID Number: BD-21-1040-1	040 C-1040L-57550		
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation)		CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment:, 20 Enter Amendment Amount: \$ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) Amendment to Date, Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget)			
— Emergency Contract (Attach justification for emergency, s Contract Employee (Attach Employment Status Form, sco ✓ Other Procurement Exception (Attach authorizing langua	pe, budget) ge, legislation with	Contract Employee (Attach any updates to scope or Other Procurement Exception (Attach authorizing la			
specific exemption or earmark, and exception justification,	scope and budget)	scope and budget)			
The Standard Contract Form Instructions and Contractor into this Contract and are legally binding: (Check ONE opt Services Commonwealth IT Terms and Conditions	ion): Commonwealth ⁻	Ferms 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 Rate Contract. (No Maximum Obligation) Attach details o Maximum Obligation Contract. Enter total maximum	other non-appropriated fur f 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. re being amended.)		
identify a PPD as follows: Payment issued within 10 days days% PPD. If PPD percentages are left blank, identify repayment (subsequent payments scheduled to support standard)	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 fund. 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 accountin 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 maximum obligation 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 Contractor certify for this Contract, or Contract Amendment, that Contract obligations:			Contract obligations:		
1. may be incurred as of the Effective Date (latest signatur	e date below) and <u>no</u> obli	gations have been incurred prior to the Effective Date.	D		
	the Effective Date below, as authorized reimbursen	w and <u>no</u> obligations have been incurred <u>prior</u> to the Effective and the parties agree that payments for any obligations inc ment payments, and that the details and circumstances of all beases 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 termi amended, provided that the terms of this Contract and perfor completing any negotiated terms and warranties, to allow any	nate as ofJUNE 30_,	20 21, with no new obligations being incurred after this d	ate unless the Contract is properly 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 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 histructions and Contractor Certifications, the Request for Response (RFR) or othersolicitation, the Contractor's Response (excluding any languages striken 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: Date:					
Print Title: Mana Ta			. \ /		

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 on the prescribed by regulation or policy. The Commonwealth deems void any changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form or to the Standard Contract Form Instructions and Contractor Certifications, the Commonwealth Terms and Conditions for Human and Social Services or the Commonwealth IT Terms and Conditions which are incorporated by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access published forms at CTR Forms:

Here:Identify Terms**: Terms*

https://www.macomptroller.org/forms. Forms are also posted at OSD Forms: https://www.mass.gov/lists/osd-forms.				
CONTRACTOR LEGAL NAME: TOWN OF HANSON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 542 LIBERTY ST HANSON, MA 02341-1627		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: MARY COLLINS	Phone: 781-293-2683	Billing Address (if different):		
E-Mail: mcollins@HANSON-MA.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191818		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAHANSON0000000		
(Note: The Address ID must be set up for EFT payments.)	Ì	RFR/Procurement or Other ID Number: BD-21-1040-10	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)		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		
Other Procurement Exception (Attach authorizing language specific exemption or earmark, and exception justification, see the content of th	scope and budget)	scope and budget)		
The Standard Contract Form Instructions and Contractor of into this Contract and are legally binding: (Check ONE options) Services Commonwealth IT Terms and Conditions	on):Commonwealth ⁻	Ferms and Conditions <u>✓ C</u> ommonwealth Terms and Conditi	ons For Human and Social	
COMPENSATION: (Check ONE option): The Department cert in the state accounting system by sufficient appropriations or captage and the 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 under Ins, conditions or terms and any changes if rates or terms an	er 815 CMR 9.00. e being amended.)	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason:/_ agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.) BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant funding. The performance period for this award is 7/1/20-6/30/21. The municipality certifies that the funds will be used for COA activities, and will complete a final fiscal report accounting for				
how these grant funds were applied. All approved obligations to be part of this agreement, are to be funded from the total ammaximum obligation of this contract. COAs are responsible for	ount awarded under this a returning this executed co	agreement. This contract, once executed by both parties, will ntract by no later than June 30, 2021.	be treated as the sole invoice for the	
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:				
CONTRACT END DATE: Contract performance shall terminate as of <u>JUNE 30</u> , 20 21, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.				
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, he Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X:				



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nttps://www.macomptroller.org/lorns. Forms are also posted at	COD 1 OTTIS: Haps://www.i	Tidasago villabirosa Torriba			
CONTRACTOR LEGAL NAME: TOWN OF HANCOCK (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:			
Legal Address: (W-9, W-4): 3650 HANCOCK ROAD HANCOCK, MA 01237-1097		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108			
Contract Manager: JOAN BURDICK	Phone: 413-738-5225	Billing Address (if different):			
E-Mail: bos@fairpoint.net	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419		
Contractor Vendor Code: VC6000191816		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368		
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAHANCOCK000000	1411 011 121 0000		
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	MAC 10401 57550		
X NEW CONTRACT		CONTRACT AMENDI	SASSESSED CONTRACTOR OF THE SASSESSED OF		
PROCUREMENT OR EXCEPTION TYPE: (Check one option		Enter Current Contract End Date <u>Prior</u> to Amendment: _ Enter Amendment Amount: \$ (or "no change"			
Statewide Contract (OSD or an OSD-designated Departm Collective Purchase (Attach OSD approval, scope, budge	ent) t)	AMENDMENT TYPE: (Check one option only. Attach d	***		
Department Procurement (includes all Grants - 815 CMR)	2.00) (Solicitation	Amendment to Date, Scope or Budget (Attach update	ted scope and budget)		
Notice or RFR, and Response or other procurement support Emergency Contract (Attach justification for emergency, s		Interim Contract (Attach justification for Interim Contra			
Contract Employee (Attach Employment Status Form, sco)	oe, budget)	Contract Employee (Attach any updates to scope or b			
✓ Other Procurement Exception (Attach authorizing langua		Other Procurement Exception (Attach authorizing lar scope and budget)	nguage/justification and updated		
specific exemption or earmark, and exception justification, s The Standard Contract Form Instructions and Contractor			t are incorporated by reference		
into this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions	on): Commonwealth	Terms and Conditions <u>Commonwealth</u> Terms and Conditions	ons For Human and Social		
COMPENSATION: (Check ONE option): The Department cert	ifies that payments for au	thorized performance accepted in accordance with the terms	of this Contract will be supported		
in the state accounting system by sufficient appropriations or c Rate Contract. (No Maximum Obligation) Attach details of					
✓ Maximum Obligation Contract. Enter total maximum oblig	nation for total duration of	this contract (or new total if Contract is being amended). \$ (6,000.00.		
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pa					
identify a PPD as follows: Payment issued within 10 days 9	6 PPD; Payment issued w	ithin 15 days % PPD; Payment issued within 20 days	% PPD; Payment issued within 30		
days% PPD. If PPD percentages are left blank, identify re	eason: 🗹 agree to star	ndard 45 day cycle statutory/legal or Ready Payments (I	M.G.L. c. 29, § 23A); only initial		
	payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.) BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the				
municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant funding.					
The performance period for this award is 7/1/20-6/30/21. The municipality certifies that the funds will be used for COA activities, and will complete a final fiscal report accounting for					
how these grant funds were applied. All approved obligations incurred prior to the effective date of this agreement (for which payment obligations have been triggered) and are intended to be part of this agreement, are to be funded from the total amount awarded under this agreement. This contract, once executed by both parties, will be treated as the sole invoice for the					
maximum obligation of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021.					
ANTICIPATED START DATE: (Complete ONE option only)			Contract obligations:		
1. may be incurred as of the Effective Date (latest signature2. 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.	e Date		
✓ 3. were incurred as of <u>JULY 1</u> , 20 <u>20</u> , a date <u>PRIOR</u> to					
authorized to be made either as settlement payments or	as authorized reimbursen	nent payments, and that the details and circumstances of all	obligations under this Contract are		
		eases the Commonwealth from further claims related to these			
CONTRACT END DATE: Contract performance shall termin amended, provided that the terms of this Contract and perfor					
completing any negotiated terms and warranties, to allow any	close out or transition pe	rformance, reporting, invoicing or final payments, or during	any lapse between amendments.		
CERTIFICATIONS: Notwithstanding verbal or other represen					
Amendment has been executed by an authorized signatory of	the Contractor, the Department	artment, or a later Contract or Amendment Start Date specific	ed above, subject to any required		
approvals. The Contractor certifies that they have accessed					
certifications required under the Standard Contract Form Instru	arees that all terms gov	emications under the pains and penalties of perjury, and turn rerning performance of this Contract and doing business	in Massachusetts are attached or		
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			s, this Standard Contract Form, the		
Standard Contract Form Instructions and Contractor Certificat by a Department as unacceptable, and additional negotiat	ions, the Request for Res	sponse (RFR) or other solicitation, the Contractor's Response	e (excluding any language stricken		
by a Department as unacceptable, and additional negotiate Contractor's Response only if made using the process outline	ed terms, provided that din 801 CMR 21.07, inco	additional negotiated terms will take precedence over the rporated herein, provided that any amended RFR or Respon	ise terms result in best value, lower		
costs, or a more cost effective Contract.			1		
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	ula ala :	AUTHORIZING SIGNATURE FOR THE COMMONWEA	ALTH: 7 10-71		
X: Sum 2041 . Date:	1/29/21.		ite: 0-16 0		
(Signature and Date Must Be Handwritten At Time	e of Signature)	(Signature and Date Must Be Handwritten	At time of Signature)		
Print Name: SITERMAN DERBY SR Print Title: CHAIRMAN - BLOR SENECT	m Eul	Print Name:	COUNTIN .		
Francisco (A) - (R 68 DENE)	MIEN	and (e.	tractin		
	(Updated 6/3	0/20) Page 1 of 1	The state of the s		



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CONTRACTOR LEGAL NAME: TOWN OF HARVARD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:			
Legal Address: (W-9, W-4): 13 AYER RD HARVARD, MA 01451-1461		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108			
Contract Manager: DEBBIE THOMPSON Phone: 978-456-4120		Billing Address (if different):			
E-Mail: coa@harvard.ma.us	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419		
Contractor Vendor Code: VC6000191821		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368		
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAHARVARD000000			
(Note: The Address ID must be set up for EFT payments.)	1	RFR/Procurement or Other ID Number: BD-21-1040-10	D40 C-1040L-57550		
X NEW CONTRACT		CONTRACT AMEND			
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date Prior to Amendment:			
Statewide Contract (OSD or an OSD-designated Departm	ent)	Enter Amendment Amount: \$ (or "no change			
Collective Purchase (Attach OSD approval, scope, budge	t)	AMENDMENT TYPE: (Check one option only. Attach o			
 Department Procurement (includes all Grants - 815 CMR Notice or RFR, and Response or other procurement supp 		Amendment to Date, Scope or Budget (Attach upda Interim Contract (Attach justification for Interim Contr			
Emergency Contract (Attach justification for emergency, s	cope, budget)	Contract Employee (Attach any updates to scope or			
Contract Employee (Attach Employment Status Form, sco ✓ Other Procurement Exception (Attach authorizing langua)		Other Procurement Exception (Attach authorizing la			
specific exemption or earmark, and exception justification,		scope and budget)			
The Standard Contract Form Instructions and Contractor into this Contract and are legally binding: (Check ONE opti					
Services Commonwealth IT Terms and Conditions					
COMPENSATION: (Check ONE option): The Department cert					
in the state accounting system by sufficient appropriations or c Rate Contract. (No Maximum Obligation) Attach details of					
✓ Maximum Obligation Contract. Enter total maximum oblig					
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pa	avments are issued thro	ugh FFT 45 days from invoice receipt Contractors reque	sting accelerated payments must		
identify a PPD as follows: Payment issued within 10 days9	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 I	A SECURE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.		ne 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 a vailable 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	ne funds will be used for COA activities, and will complete a	final fiscal report accounting for		
to be part of this agreement, are to be funded from the total am	ount awarded under this a	agreement. This contract, once executed by both parties, will l	be treated as the sole invoice for he		
maximum obligation of this contract. COAs are responsible for	returning this executed co	ntract by no later than June 30, 2021.			
	ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:				
1. may be incurred as of the Effective Date (latest signature2. may be incurred as of, 20, a date LATER that	date below) and <u>no</u> oblight the Effective Date below	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 <u>PRIOR</u> to					
authorized to be made either as settlement payments or	as authorized reimbursem	nent payments, and that the details and circumstances of all	obligations under this Contract are		
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	rate as of <u>JUNE 30</u> ,	20_21, with no new obligations being incurred after this de	ate unless the Contract is properly		
completing any negotiated terms and warranties, to allow any	close out or transition per	formance, reporting, invoicing or final payments, or during	any lapse between amendments.		
CERTIFICATIONS: Notwithstanding verbal or other represent	tations by the parties, the	"Effective Date" of this Contract or Amendment shall be	the latest date that this Contract or		
Amendment has been executed by an authorized signatory of	the Contractor, the Depa	irtment, or a later Contract or Amendment Start Date specifi	ed above, subject to any required		
approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes a					
certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any requi documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached					
incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contra Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language)			is, this Standard Contract Form, the		
by a Department as unacceptable, and additional negotiated terms, provided that a		ponse (RFR) or other solicitation, the Contractor's Response 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, inco		rporated herein, provided that any amended RFR or Respor	ise terms result in best value, lower		
costs, or a more cost effective Contract.		A AUTHODIZING CICHATURE FOR THE COMMONWE	AI TU.		
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	1-16-21	AUTHORIZING SIGNATURE FOR THE COMMONWE	7 - 18 - 21		
X: Date: Date:	of Signatura)	X: Signature and Date Must Be Handwritten	At Time of Signature)		
Dance I)	Print Name: KCAP V CON PERIOR	J signature		
Print Name: WHOTHY BIRGAN Print Title: TOWN POWNS TO	John	Print Title: The HOR OF A	-country a		
Fine ine. 16 Contract in					



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.

indeposition and control of the cont			
CONTRACTOR LEGAL NAME: TOWN OF HARWICH (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 732 MAIN ST HARWICH, MA 02645-2717		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: EMILY MITCHELL	Phone: 508-430-7550	Billing Address (if different):	
E-Mail: emitchell@town.harwich.ma.us	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191822		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001,		MMARS Doc ID(s): FY21COAHARWICH000000	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	40 C-1040L-57550
X NEW CONTRACT		CONTRACT AMEND	
PROCUREMENT OR EXCEPTION TYPE: (Check one option	n only)	Enter Current Contract End Date Prior to Amendment:	
Statewide Contract (OSD or an OSD-designated Departm	ent)	Enter Amendment Amount: \$ (or "no change" AMENDMENT TYPE: (Check one option only. Attach d) etails of amendment changes.)
Collective Purchase (Attach OSD approval, scope, budge Department Procurement (includes all Grants - 815 CMR	2.00) (Solicitation	Amendment to Date, Scope or Budget (Atlach update	
Notice or RFR, and Response or other procurement supp	orting documentation)	Interim Contract (Attach justification for Interim Contra	act and updated scope/budget)
— Emergency Contract (Attach justification for emergency, s Contract Employee (Attach Employment Status Form, sco	scope, budget) ne. budget)	Contract Employee (Attach any updates to scope or to	oudget)
✓ Other Procurement Exception (Attach authorizing langua specific exemption or earmark, and exception justification,	ge, legislation with	Other Procurement Exception (Attach authorizing lar scope and budget)	nguage/justification and updated
The Standard Contract Form Instructions and Contractor	Certifications and the fo	llowing Commonwealth Terms and Conditions documen	tare incorporated by reference
into this Contract and are legally binding: (Check ONE opti ServicesCommonwealth IT Terms and Conditions			
COMPENSATION: (Check ONE option): The Department cert	tifies 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 on Rate Contract. (No Maximum Obligation) Attach details o	omer non-appropriated für fall rates, units, calculatio	nos, subject to intercept for Commonwealth owed decis under this, conditions or terms and any changes if rates or terms are	e being amended.)
✓ Maximum Obligation Contract. Enter total maximum obli	gation for total duration of	this contract (or new total if Contract is being amended). \$ _	<u>55,548.00.</u>
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth p	ayments are issued thro	ugh EFT 45 days from invoice receipt. Contractors reque	sting accelerated payments must
identify a PPD as follows: Payment issued within 10 days days% PPD. If PPD percentages are left blank, identify r	% PPD: Payment issued w	rithin 15 days % PPD; Payment issued within 20 days	% PPD; Payment issued within 30
payment (subsequent payments scheduled to support stands	ard EFT 45 day payment	cycle. See Prompt Pay Discounts Policy.)	
PRIEF DESCRIPTION OF CONTRACT PERFORMANCE OF	REASON FOR AMENDM	ENT: This contract is to distribute a formula grant award to the	e Councils on Aging of the
municipalities of the Commonwealth, as appropriated in the Ch The performance period for this award is 7/1/20-6/30/21. The r	apter 227 of the Acts of 20	D20. The award amount is determined by a census-based and the funds will be used for COA activities, and will complete a f	inal fiscal report accounting for
how these grant funds were applied. All approved obligations is	incurred prior to the effective	ve 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 and maximum obligation of this contract. COAs are responsible for	ount awarded under this a	agreement. This contract, once executed by both parties, will be ofract by no later than June 30, 2021.	be treated as the sole invoice for he
ANTICIPATED START DATE: (Complete ONE option only)	The Department and Cont	ractor certify for this Contract, or Contract Amendment, that C	Contract obligations;
1 may be incurred as of the Effective Date (latest signature	e date below) and no obli	gations have been incurred prior to the Effective Date.	
2. may be incurred as of, 20, a date LATER tha	n the Effective Date below	w and <u>no</u> obligations have been incurred <u>prior</u> to the Effectiv	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 incoment payments, and that the details and circumstances of allo	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 these	e obligations.
CONTRACT END DATE: Contract performance shall termin	nate as of <u>JUNE 30</u> ,	20 21, with no new obligations being incurred after this da	te unless the Contract is properly
amended, provided that the terms of this Contract and 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	resolving any claim or dispute, for any lapse between amendments.
CERTIFICATIONS: Notwithstanding verbal or other represen			
Amendment has been executed by an authorized signatory of	the Contractor, the Depa	artment, or a later Contract or Amendment Start Date specifi	ed above, subject to any required
approvals. The Contractor certifies that they have accessed	ed and reviewed all doc	uments incorporated by reference as electronically publis	shed and the Contractor makes all
certifications required under the Standard Contract Form Instr documentation upon request to support compliance, and a	grees that all terms gov	erning performance of this Contract and doing business	in Massachusetts are attached or
incorporated by reference berein according to the following his	erarchy of document prec	edence, the applicable Commonwealth Terms and Condition	is, this Standard Contract Form, he
Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language 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			relevant terms in the RFR and the
Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated therein, provided that any amended RFR or Response terms result in best value costs, or a more cost effective Contract.			se terms result in best value, lower
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:		AUTHORIZING SIGNATURE FOR THE COMMONWE	ALTH:
X: Ballow Sty., Date: (Signature and Date Must Be Handwritten At Tim	1/28 /2021	X: Date: John (Signature and Date Must Be Handwritten At Time of Signature)	
Print Name: Larry Ballantine.	e vi olynatule)	Print Name: 600 V	241
Print Title: Charman, Board of	seleumen	Print Title:	He country
, -	(Updated 6/3	0/20) Page 1 of 1	roomy



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

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CONTRACTOR LEGAL NAME: TOWN OF HATFIELD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 59 MAIN ST HATFIELD, MA 01038-9702		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: GERALYN RODGERS	Phone: 413-247-9003	Billing Address (if different):	
E-Mail: coadirector@tpwmofhatfield.org	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191823		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAHATFIELD00000	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	140C-1040L-57550
X NEW CONTRACT		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 d	
Department Procurement (includes all Grants - 815 CMR Notice or RFR, and Response or other procurement supp		Amendment to Date, Scope or Budget (Attach upda Interim Contract (Attach justification for Interim Contract)	
Emergency Contract (Attach justification for emergency, s	cope, budget)	Contract Employee (Attach any updates to scope or b	
Contract Employee (Attach Employment Status Form, sco ✓ Other Procurement Exception (Attach authorizing langua	pe, budget) ge, legislation with	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 options of Contract and Conditions).	Certifications and the fo on): Commonwealth ⁻	llowing Commonwealth Terms and Conditions documer Ferms and Conditions <u><</u> Commonwealth Terms and Conditions	ıtare incorporated by reference ons For Human and Social
COMPENSATION: (Check ONE option): The Department ceri in the state accounting system by sufficient appropriations or o Rate Contract. (No Maximum Obligation) Attach details of	other non-appropriated fur	ds, subject to intercept for Commonwealth owed debts unde	er 815 CMR 9.00.
✓ Maximum Obligation Contract. Enter total maximum oblig	gation for total duration of	this contract (or <i>new</i> total if Contract is being amended). \$ _	<u>10,512.00.</u>
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: <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 municipalities of the Commonwealth, as appropriated in the Ch The performance period for this award is 7/1/20-6/30/21. The r how these grant funds were applied. All approved obligations it to be part of this agreement, are to be funded from the total ammaximum obligation of this contract. COAs are responsible for	REASON FOR AMENDM apter 227 of the Acts of 20 nunicipality certifies that the ncurred prior to the effection	ENT: This contract is to distribute a formula grant award to th 120. The award amount is determined by a census-based allous the funds will be used for COA activities, and will complete a transfer of this agreement (for which payment obligations have the greement. This contract, once executed by both parties, will the	ocation of available grant funding. final fiscal report accounting for e been triggered) and are intended
ANTICIPATED START DATE: (Complete ONE option only)			Contract obligations:
1. may be incurred as of the Effective Date (latest signature	e date below) and <u>no</u> obli	gations have been incurred <u>prior</u> to the Effective Date.	- D-1-
2. may be incurred as of, 20, a date LATER tha 3. were incurred as of <u>JULY 1</u> , 20 <u>20</u> , a date PRIOR to			
authorized to be made either as settlement payments or	as authorized reimbursen	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 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	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 certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language strick by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and to Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, low costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X:			
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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 HAWLEY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 8 PUDDING HOLLOW RD HAWLEY, MA 01339-9621		Business Mailing Address: 1 ASHBURTON PL BOST	ON, MA 02108	
Contract Manager: VIRGINIA GABERT	Phone: 413-339-5729	Billing Address (if different):		
E-Mail: treasurer@townofhawley.com	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191824		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAHAWLEY0000000		
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	40C-1040L-57550	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) ✓ Other Procurement Exception (Attach authorizing language, legislation with		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 of into this Contract and are legally binding: (Check ONE options) Services Commonwealth IT Terms and Conditions	Certifications and the fo	scope and budget) Illowing 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 certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.				
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)				
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or I municipalities of the Commonwealth, as appropriated in the Ch The performance period for this award is 7/1/20-6/30/21. The n how these grant funds were applied. All approved obligations i to be part of this agreement, are to be funded from the total ammaximum obligation of this contract. COAs are responsible for	apter 227 of the Acts of 20 nunicipality certifies that th ncurred prior to the effective ount awarded under this a	120. The award amount is determined by a census-based allone funds will be used for COA activities, and will complete a five date of this agreement (for which payment obligations have igreement. This contract, once executed by both parties, will be a contract.	cation of available grant funding. inal fiscal report accounting for been triggered) and are intended	
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:				
1. may be incurred as of the Effective Date (latest signature2. may be incurred as of, 20, a date LATER that3. were incurred as of, 20, a date PRIOR to	n the Effective Date below, he Effective Date below,	v and <u>no</u> obligations have been incurred <u>prior</u> to the Effective 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 attached and incorporated into this Contract. Acceptance	as authorized reimbursem e of payments forever rele	ent payments, and that the details and circumstances of all classes 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, he Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricker by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.				
AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: Authorizing SIGNATURE FOR THE			te: 2/8/2021 At Time of Signature)	
Print Name: Hussin M. Hand.		Print Name:	<u></u>	

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https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.i	mass.gov/lists/osd-forms.		
CONTRACTOR LEGAL NAME: TOWN OF HEATH (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 1 E MAIN ST HEATH, MA 01346-9706		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: MARGO NEWTON Phone: 413-337-4934		Billing Address (if different):		
E-Mail: bos@townofheath.org	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191825		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAHEATH00000000		
(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	
XNEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only)Statewide Contract (OSD or an OSD-designated Department)Collective Purchase (Attach OSD approval, scope, budget)		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 suppr Emergency Contract (Attach justification for emergency, s Contract Employee (Attach Employment Status Form, scol	2.00) (Solicitation orting documentation) cope, budget) oe, budget) ge, legislation with scope and budget)	Amendment to Date, Scope or Budget (Attach upda Interim Contract (Attach justification for Interim Contract Contract Employee (Attach any updates to scope or Other Procurement Exception (Attach authorizing lascope and budget)	act and updated scope/budget) budget) inguage/justification and updated	
The Standard Contract Form Instructions and Contractor into this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions	on): Commonwealth	Terms and Conditions <u>✓ Commonwealth Terms and Condit</u>	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	other non-appropriated fur fall rates, units, calculation	nds, subject to intercept for Commonwealth owed debts und ons, conditions or terms and any changes if rates or terms ar	er 815 CMR 9.00. e being amended.)	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason:agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)				
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant funding. The performance period for this award is 7/1/20-6/30/21. The municipality certifies that the funds will be used for COA activities, and will complete a final fiscal report accounting for how these grant funds were applied. All approved obligations incurred prior to the effective date of this agreement (for which payment obligations have been triggered) and are intended to be part of this agreement, are to be funded from the total amount awarded under this agreement. This contract, once executed by both parties, will be treated as the sole invoice for the maximum obligation of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021.				
ANTICIPATED START DATE: (Complete ONE option only)	The Department and Con	tractor certify for this Contract, or Contract Amendment, that	Contract obligations:	
1. may be incurred as of the Effective Date (latest signatur	e date below) and <u>no</u> obli	igations have been incurred prior to the Effective Date.	Date	
2. may be incurred as of, 20, a date LATER that 3. were incurred as of JULY 1, 20 20, a date PRIOR to authorized to be made either as settlement payments or attached and incorporated into this Contract. Acceptance	the Effective Date below as authorized reimburser	w and <u>no</u> obligations have been incurred <u>prior</u> to the Effect , and the parties agree that payments for any obligations inc rent payments, and that the details and circumstances of al eases the Commonwealth from further claims related to thes	lobligations under this Contract are	
CONTRACT END DATE: Contract performance shall termi amended, provided that the terms of this Contract and perfor completing any negotiated terms and warranties, to allow any	nate as of <u>JUNE 30</u> mance expectations and close out or transition pe	, 20 21, with no new obligations being incurred after this of d obligations shall survive its termination for the purpose of a formance, reporting, invoicing or final payments, or during	ate unless the Contract is properly f resolving any claim or dispute, for g any lapse between amendments.	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contractor 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 pairs 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 hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form hierarchy of Contract Form hiera				

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https://www.macomptroller.org/forms. Forms are also posted at C	SD Forms: https://www.i	mass.gov/lists/osd-forms.			
CONTRACTOR LEGAL NAME: TOWN OF HINGHAM (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:			
Legal Address: (W-9, W-4): 210 CENTRAL ST HINGHAM, MA 02043-2756		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108			
	Phone: 781-741-1458	Billing Address (if different):			
E-Mail: youngj@hingham-ma.com	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419		
Contractor Vendor Code: VC6000191826		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368		
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAHINGHAM000000			
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040	1040C-1040L-57550		
X NEW CONTRACT		CONTRACT AME			
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date <u>Prior</u> to Amendmen			
Statewide Contract (OSD or an OSD-designated Departme	74 2000	Enter Amendment Amount: \$ (or "no chan	ge")		
Collective Purchase (Attach OSD approval, scope, budget)	.e.	AMENDMENT TYPE: (Check one option only. Attac			
Department Procurement (includes all Grants - 815 CMR 2 Notice or RFR, and Response or other procurement suppor	.00) (Solicitation	Amendment to Date, Scope or Budget (Attach up	dated scope and budget)		
Emergency Contract (Attach justification for emergency, sc	ope, budget)	Interim Contract (Attach justification for Interim Co Contract Employee (Attach any updates to scope	ntract and updated scope/budget)		
Contract Employee (Attach Employment Status Form, scop	e, budget)	Other Procurement Exception (Attach authorizing			
Other Procurement Exception (Attach authorizing language specific exemption or earmark, and exception justification, so	e, legislation with ope and budget)	scope and budget)	ianguago, judancuanan ana apama		
The Standard Contract Form Instructions and Contractor C into this Contract and are legally binding: (Check ONE optio Services Commonwealth IT Terms and Conditions	ertifications and the fol n): Commonwealth T	lowing Commonwealth Terms and Conditions docunerms and Conditions ✓ Commonwealth Terms and Con	ent are incorporated by reference litions For Human and Social		
COMPENSATION: (Check ONE option): The Department certifing by sufficient appropriations or of	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	ation for total duration of	this contract (or new total if Contract is being amended).	\$ 68,820.00.		
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	ments are issued through Payment issued within 19 — agree to standard 45 lay payment cycle. See F	n EFT 45 days from invoice receipt. Contractors requestir 5 days % PPD; Payment issued within 20 days % day cycle statutory/legal or Ready Payments (M.G.L Prompt Pay Discounts Policy.)	g accelerated payments must identify PPD; Payment issued within 30 days . c. 29, § 23A); only initial payment		
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant funding. The performance period for this award is 7/1/20-6/30/21. The municipality certifies that the funds will be used for COA activities, and will complete a final fiscal report accounting for how these grant funds were applied. All approved obligations incurred prior to the effective date of this agreement (for which payment obligations have been triggered) and are intended to be part of this agreement, are to be funded from the total amount awarded under this agreement. This contract, once executed by both parties, will be treated as the sole invoice for the maximum obligation of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021.					
ANTICIPATED START DATE: (Complete ONE option only) The	e Department and Contr	actor certify for this Contract, or Contract Amendment, the	at Contract obligations:		
1. may be incurred as of the Effective Date (latest signature	date below) and <u>no</u> oblig	ations have been incurred <u>prior</u> to the Effective Date.	ativo Data		
	the Effective Date below	and no obligations have been incurred <u>prior</u> to the Elle	curred prior to the Effective Date are		
authorized to be made either as settlement payments or a attached and incorporated into this Contract. Acceptance	s authorized reimbursem of payments forever rele	ent payments, and that the details and circumstances of ases the Commonwealth from further claims related to th	all obligations under this Contract are ese obligations.		
provided that the terms of this Contract and performance exper	CONTRACT END DATE: Contract performance shall terminate as of <u>JUNE 30</u> , 20 21, with no new obligations being incurred after this date unless the Contract is properly amended provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing an negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.				
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes 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 as electronically published and the Contractor makes all certifications under the pains and penalties of perjury, and further agrees to provide any required documentation under the pains and penalties of perjury, and further agrees to provide any required documentations under the pains and penalties of perjury, and further agrees to provide any required documentations under the pains and penalties of perjury, and further agrees to provide any required documentations under the pains and penalties of perjury, and further agrees to provide any required documentations under the pains and penalties of perjury, and further agrees to provide any required documentations under the pains and penalties of perjury, and further agrees to provide any required documentations. In the Contractor of perjury, and further agrees to provide any required documentations under the pains and penalties of perjury, and further agrees to provide any required documentations. In the pains and penalties of perjury, and further agrees to provide any required documentations. In the Contract Form, the Standard Contract Form herein according to the following hierarc					



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https://www.macomptroller.org/forms. Forms are also posted at	OSD FORMS. Https://www.i			
CONTRACTOR LEGAL NAME: TOWN OF HINSDALE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 39 SOUTH ST HINSDALE, MA 01235-9329		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: CATHERINE SPINNEY	Phone: 413-655-2310	Billing Address (if different):		
E-Mail: cspinney@charter.net	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191828		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAHINSDALE00000		
(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 AMEND	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 Departm	ent)	Enter Amendment Amount: \$ (or "no change	")	
Collective Purchase (Attach OSD approval, scope, budge	t)	AMENDMENT TYPE: (Check one option only. Attach d Amendment to Date, Scope or Budget (Attach upda		
Department Procurement (includes all Grants - 815 CMR Notice or RFR, and Response or other procurement supp	orting documentation)	Interim Contract (Attach justification for Interim Contr	act and updated scope/budget)	
Emergency Contract (Attach justification for emergency, s	cope, budget)	Contract Employee (Attach any updates to scope or	budget)	
Contract Employee (Attach Employment Status Form, sco Other Procurement Exception (Attach authorizing langua	pe, budget) ge, legislation with	Other Procurement Exception (Attach authorizing la		
specific exemption or earmark, and exception justification,	scope and budget)	scope and budget)		
The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions documentare incorporated by reference into this Contract and are legally binding: (Check ONE option): Commonwealth Terms and Conditions \(\subseteq \) Commonwealth Terms and Conditions For Human and Social Services Commonwealth IT Terms and Conditions				
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.				
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason:/_ agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.) BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant funding. The performance period for this award is 7/1/20-6/30/21. The municipality certifies that the funds will be used for COA activities, and will complete a final fiscal report accounting for how these grant funds were applied. All approved obligations incurred prior to the effective date of this agreement (for which payment obligations have been triggered) and are intended to be part of this agreement, are to be funded from the total amount awarded under this agreement. This contract, once executed by both parties, will be treated as the sole invoice for the				
maximum obligation of this contract. COAs are responsible for ANTICIPATED START DATE: (Complete ONE option only)	The Department and Con	tractor certify for this Contract, or Contract Amendment, that	Contract obligations:	
1. may be incurred as of the Effective Date (latest signature	e date below) and <u>no</u> obl	gations have been incurred prior to the Effective Date.	o bet	
	n the Effective Date below	w and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	re Date.	
authorized to be made either as settlement payments or	as authorized reimburser	rent payments, and that the details and circumstances of all eases the Commonwealth fromfurther claims related to thes	lobligations under this Contract are	
CONTRACT END DATE: Contract performance shall term amended, provided that the terms of this Contract and perfo completing any negotiated terms and warranties, to allow any	nate as of JUNE 30 rmance expectations and close out or transition pe	, 20 <u>21,</u> with no new obligations being incurred after this d d obligations shall survive its termination for the purpose o rformance, reporting, invoicing or final payments, or during	ate unless the Contract is properly f resolving any claimor dispute, for g any lapse between amendments.	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes a certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are 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 otheractor's Response (excluding any language stricks by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, low costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: (Signature and Date Must Be Handwritten At Time of Signature) Print Name: (Signature and Date Must Be Handwritten At Time of Signature) Print Name: Print Title: Pri				
		am Continued H		

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acute discoposied a	t OSD FORMS: https://www	/.mass.gov/lists/osd-forms.	The second at one rolling
CONTRACTOR LEGAL NAME: TOWN OF HOLBROOK (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 50 N FRANKLIN ST HOLBROOK, MA 02343-1560		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: CINDY BRENNAN	Phone: 781-767-4617	Billing Address (if different):	
E-Mail: coa@holbrookmassachusetts.us	Fax:	Contract Manager: STACEY ANNE OCONNELL	Dhane: 647 200 7440
Contractor Vendor Code: VC6000191830		E-Mail: STACEY.OCONNELL@MASS.GOV	Phone: 617-222-7419
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAHOLBROOK00000	Fax: 617-727-9368
(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		W. W	
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	CONTRACT AMENDI Enter Current Contract End Date <u>Prior</u> to Amendment	WENT 20
Statewide Contract (OSD or an OSD-designated Department Collective Prescharge (Attack OSD)	ent)	Enter Amendment Amount: \$. (or "no change")	
Collective Purchase (Attach OSD approval, scope, budget Department Procurement (includes all Grants - 815 CMR 2	(00) (Colinitation	AMENDMENT TYPE: (Check one option only. Attach d	etails of amendment changes.)
Notice of RFR, and Response of other procurement support	rting documentation)	Amendment to Date, Scope or Budget (Attach updat	ed scope and budget)
Emergency Contract (Attach justification for emergency, so Contract Employee (Attach Employment Status Form, scop		Interim Contract (Attach justification for Interim Contract Contract Employee (Attach any updates to scope or b	ict and updated scope/budget)
✓ Other Procurement Exception (Atlach authorizing lacqued)	a legislation with	Other Procurement Exception (Attach authorizing lan	auger)
specific exemption or earmark, and exception justification so	Cone and hudget		
The Standard Contract Form Instructions and Contractor C into this Contract and are legally binding: (Check ONE optio Services Commonwealth T Terms and Conditions	ertifications and the form): Commonwealth T	llowing Commonwealth Terms and Conditions document erms and Conditions ✓ Commonwealth Terms and Condition	tare incorporated by reference ans For Human and Social
COMPENSATION: (Check ONE option): The Department certific	as that naumanta for aut		
in the state accounting system by sufficient appropriations or of Rate Contract. (No Maximum Obligation) Attach details of	her non-appropriated fun-	nonzed performance accepted in accordance with the terms	of this Contract will be supported
Rate Contract. (No Maximum Obligation) Attach details of a	all rates, units, calculation	ns, conditions or terms and any changes if rates or terms are	being amended.)
— G TOTAL COLOR COLOR TRANSPORTED TO THE COLOR	allottion total durallon of	this contract (or new total if Contract is being amended) \$ 2	6.520.00
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pay identify a PPD as follows: Payment issued within 10 days _% days _% PPD. If PPD percentages are left blank, identify rea	ments are issued throu	gh EFT 45 days from invoice receipt. Contractors request	ling accelerated payments must
days % PPD. If PPD percentages are left blank identification	anone of annual today with	7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -	6 PPD; Payment issued within 30
BRIEF DESCRIPTION OF CONTRACT DEDECRMANCE AS DE	ACON FOR ALLENDAN	yde. dee Prompt Pay Discounts Policy.)	
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or RE municipalities of the Commonwealth, as appropriated in the Char The performance period for this award is 7/1/20-6/30/21. The municipalities of the Commonwealth of the performance period for this award is 7/1/20-6/30/21.	eason FOR AMENDME oter 227 of the Acts of 202	NT: This contract is to distribute a formula grant award to the	Councils on Aging of the
The performance period for this award is 7/1/20-6/30/21. The mu how these grant funds were applied. All approved obligations inc	nicipality certifies that the	funds will be used for COA activities, and will complete a fir	allon or available grant funding.
to be part of this agreement, are to be funded from the total arms.	int amordo dun de albie -	add of this agreement (for which payment obligations have)	peen triggered) and are intended
maximum obligation of this contract. COAs are responsible for re	turning this executed cont	ract by no later than June 30, 2021.	reated as the sole invoice for he
ANTICIPATED START DATE: (Complete ONE option only) The	e Department and Contra	actor certify for this Contract, or Contract Amendment, that Co	ontract obligations:
2. may be incurred as of20 a date LATER than the	he Effective Data below	ations have been incurred <u>prior</u> to the Effective Date.	
attached and incorporated into this Contract. Acceptance of	f navments forever release	ses the Company cells from first and circumstances of all ob	ligations under this Contract are
OUT THAT END DATE. CONTRACT DEFINITION AND TO THE TOTAL	a an of HIMF on a	0.04 1/1	
completing any negotiated terms and warranties, to allow any clo	se out or transition perfo	rmance, reporting, invoicing or final payments, or during a	solving any claim or dispute, for
CERTIFICATIONS: Notwithstanding verbal or other representation	ions by the parties, the "I	Effective Date" of this Contract or Amendment shall be the	latest date that this Contract or
approvals. The Contractor certifies that they have accessed	and reviewed all de	north, or a later contract of Amendment Start Date specified	above, subject to any required
certifications required under the Standard Contract Form Instruction documentation upon request to support compliance, and agree	ons and Contractor Certi	fications under the pains and penalties of perjury, and furthe	of and the Contractor makes all
incorporated by reference begain according to the following blow-	-b6-	and performance of this contract and doing business in	Massachusetts are attached or
Standard Contract Form Instructions and Contractor Certifications by a Department as unacceptable, and additional negotiated	s, the Request for Respo	nse (RFR) or other solicitation, the Contractor's Response (inis Standard Contract Form, he
Contractor's Response only if made using the process outlined in	terms, provided that ad- 801 CMR 21.07 incorne	ditional negotiated terms will take precedence over the rel	evant terms in the RFR and the
	- 1107 jii/00/pc		
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	11/11	AUTHORIZING SIGNATURE FOR THE COMMONWEALT	TH: / // 3/
(Signature and Date Must Be Handwritten At Time of	·// ·····)	Date:	3-4-21
Print Name: Daylet Lee	-	(Signature and Date Must Be Halldwritten At	Time of Signature)
Print Title: Chairman, Boar Lat Selectmen	1	Print Name:	Trought in
	1	The same of the sa	focuntry
	(Updated 6/30/2	0) Page 1 of 1 and C	ontrolling

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https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.			
CONTRACTOR LEGAL NAME: TOWN OF HOLDEN (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4):1204 MAIN ST HOLDEN, MA 01520-1016		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: LOUISE CHARBONNEAU	Phone: 508-210-5570	Billing Address (if different):		
E-Mail: louisec@holdenma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191831		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAHOLDEN0000000		
(Note: The Address ID must be set up for EFT payments.)	Vo.		040C-1040L-57550	
_X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) Other Procurement Exception (Attach authorizing language, legislation with		CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment:, 20 Enter Amendment Amount: \$ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) Amendment to Date, Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget) Contract Employee (Attach any updates to scope or budget) Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)		
specific exemption or earmark, and exception justification, 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 Services Commonwealth 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). \$\frac{43,008.00}{2}.\$				
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason:agree to standard 45 day cyclestatutory/legal or Ready Payments (MG.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)				
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant funding. The performance period for this award is 7/1/20-6/30/21. The municipality certifies that the funds will be used for COA activities, and will complete a final fiscal report accounting for how these grant funds were applied. All approved obligations incurred prior to the effective date of this agreement (for which payment obligations have been triggered) and are intended to be part of this agreement, are to be funded from the total amount awarded under this agreement. This contract, once executed by both parties, will be treated as the sole invoice for the maximum obligation of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021.				
ANTICIPATED START DATE: (Complete ONE option only)	The Department and Con	tractor certify for this Contract, or Contract Amendment, that	t Contract obligations:	
1. may be incurred as of the Effective Date (latest signatu	re date below) and <u>no</u> obl	igations have been incurred <u>prior</u> to the Effective Date.	iva Data	
✓ 3. were incurred as of <u>JULY 1</u> , 20 <u>20</u> , a date PRIOR to	the Effective Date below as authorized reimburser	w and <u>no</u> obligations have been incurred <u>prior</u> to the Effect, and the parties agree that payments for any obligations in ment payments, and that the details and circumstances of a eases the Commonwealth from further claims related to the	curred prior to the Effective Date are Il obligations under this Contract are	
CONTRACT END DATE: Contract performance shall terminate as of				
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, he Standard Contract Form Instructions and Contractor Certifications, the Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X:				
(Updated 6/30/20) Page 1 of 1				

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https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.	mass.gov/lists/osd-forms.		
CONTRACTOR LEGAL NAME: TOWN OF HOLLAND (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 27 STURBRIDGE RD HOLLAND, MA 01521-3150		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: LINDA RACINE	Phone: 413-245-3163	Billing Address (if different):		
E-Mail: Iracine01007@gmail.com	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191833		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD_001.				
(Note: The Address ID must be set up for EFT payments.)	3	RFR/Procurement or Other ID Number: BD-21-1040-10	040 C-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)		
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). \$ 6,000.00. 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 stautory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial				
payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.) BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant funding. The performance period for this award is 7/1/20-6/30/21. The municipality certifies that the funds will be used for COA activities, and will complete a final fiscal report accounting for how these grant funds were applied. All approved obligations incurred prior to the effective date of this agreement (for which payment obligations have been triggered) and are intended to be part of this agreement, are to be funded from the total amount awarded under this agreement. This contract, once executed by both parties, will be treated as the sole invoice for the maximum obligation of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021.				
ANTICIPATED START DATE: (Complete ONE option only)			Contract obligations:	
1. may be incurred as of the Effective Date (latest signatur2. may be incurred as of, 20, a date LATER tha	e date below) and <u>no</u> obli	gations have been incurred <u>prior</u> to the Effective Date.	vo Data	
3. were incurred as of <u>JULY 1</u> , 20 <u>20</u> , a date PRIOR to authorized to be made either as settlement payments or attached and incorporated into this Contract. Acceptance	the Effective Date below, as authorized reimbursen e of payments forever rele	and the parties agree that payments for any obligations inco ment payments, and that the details and circumstances of all eases the Commonwealth from further claims related to thes	urred prior to the Effective Date are obligations under this Contract are e obligations.	
CONTRACT END DATE: Contract performance shall terminate as of JUNE 30, 20 21, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.				
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment 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 a certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached 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 stricked by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: (Signature and Date Must Be Handwritten At Time of Signature) Print Name: Print Title: Y: (Signature and Date Must Be Handwritten At Time of Signature) Print Title: Y: (Signature and Date Must Be Handwritten At Time of Signature)				

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

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https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.i	Tass.gov/iists/osa-iorms.	
CONTRACTOR LEGAL NAME: TOWN OF HOLLISTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 703 WASHINGTON ST HOLLISTON, MA 01746-2168		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: LINDA MARSHALL	Phone: 508-429-0622	Billing Address (if different):	
E-Mail: marshalll@holliston.k12.ma.us	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191834		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAHOLLISTON0000	
(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 only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) ✓ Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget) The Standard Contract Form Instructions and Contractor Certifications and the form to 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) Dillowing Commonwealth Terms and Conditions document are incorporated by reference	
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). \$ 31,032.00. 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			
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ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this Contract or Amendment start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract FormInstructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X:			

x30

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 HOPEDALE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 78 HOPEDALE ST HOPEDALE, MA 01747-1742		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: CAROLE MULLEN	Phone: 508-634-2208	Billing Address (if different):		
E-Mail: hopedalecoa@comcast.net	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191835		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAHOPEDALE00000		
(Note: The Address ID must be set up for EFT payments.)	Ì	RFR/Procurement or Other ID Number: BD-21-1040-10	040 C-1040L-57550	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget)		CONTRACT AMEND Enter Current Contract End Date <u>Prior</u> to Amendment: Enter Amendment Amount: \$ (or "no change AMENDMENT TYPE: (Check one option only. Attach ofAmendment to Date, Scope or Budget (Attach updaInterim Contract (Attach justification for Interim ContractContract Employee (Attach any updates to scope or leading to the contract of t	details of amendment changes.) ted scope and budget) act and updated scope/budget) budget)	
✓ Other Procurement Exception (Attach authorizing langua		Other Procurement Exception (Attach authorizing la	nguage/justification and updated	
The Standard Contract Form Instructions and Contractor	specific exemption or earmark, and exception justification, scope and budget) The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions document are incorporated by reference into this Contract and are legally binding: (Check ONE option): Commonwealth Terms and Conditions Commonwealth Terms and Conditions For Human and Social			
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended). \$ 13,440.00.				
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth paidentify 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 BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or F	6 PPD; Payment issued w eason: _✓_agree to star ard EFT 45 day payment of	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	
municipalities of the Commonwealth, as appropriated in the Ch The performance period for this award is 7/1/20-6/30/21. The n how these grant funds were applied. All approved obligations in to be part of this agreement, are to be funded from the total am maximum obligation of this contract. COAs are responsible for	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 allone funds will be used for COA activities, and will complete a very date of this agreement (for which payment obligations have greement. This contract, once executed by both parties, will be	ocation of available grant funding. final fiscal report accounting for e been triggered) and are intended	
ANTICIPATED START DATE: (Complete ONE option only) T			Contract obligations:	
1. may be incurred as of the Effective Date (latest signature	date below) and <u>no</u> oblig	gations have been incurred <u>prior</u> to the Effective Date.	D-1-	
	he Effective Date below, as authorized reimbursem		urred prior to the Effective Date are obligations under this Contract are	
CONTRACT END DATE: Contract performance shall termin amended, provided that the terms of this Contract and performance completing any negotiated terms and warranties, to allow any	mance expectations and	obligations shall survive its termination for the purpose of	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: When Massachusett for Amendment Start Contract or Amendment Start				
(Signature and Date Must Be Handwritten At Time of Signature) Print Name: Dignam Schinder Print Title: Town Administrator Print Title: Print Titl		9.1		

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

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ł	nttps://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.	mass.gov/lists/osd-forms.	
CONTRACTOR LEGAL NAME: TOWN OF HOPKINTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 18 MAIN ST HOPKINTON, MA 01748-3209		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
r	Contract Manager: AMY BECK	Phone: 508-497-9730 Billing Address (if different):		
r	E-Mail: abeck@hopkintonma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
t	Contractor Vendor Code: VC6000191836		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
ŀ	Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAHOPKINTON0000	
	(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	OMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check one option only)		Enter Current Contract End Date Prior to Amendment:	, 20 <u></u>	
١	Statewide Contract (OSD or an OSD-designated Departm	ent)	Enter Amendment Amount: \$ (or "no chang	
ı	Collective Purchase (Attach OSD approval, scope, budge	t)	AMENDMENT TYPE: (Check one option only. Attach	
١	Department Procurement (includes all Grants - 815 CMR Notice or RFR, and Response or other procurement support	2.00) (Solicitation orting documentation)	Amendment to Date, Scope or Budget (Attach upd Interim Contract (Attach justification for Interim Con	
١	Emergency Contract (Attach justification for emergency, s	cope, budget)	Contract Employee (Attach any updates to scope of	
	Contract Employee (Attach Employment Status Form, sco) ✓ Other Procurement Exception (Attach authorizing language)		Other Procurement Exception (Attach authorizing)	
۱	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 fo on): Commonwealth [*]	Illowing Commonwealth Terms and Conditions docume Ferms and Conditions <u>✓</u> Commonwealth Terms and Condi	ent are incorporated by reference itions 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 fall rates, units, calculation	nds, subject to intercept for Commonwealth owed debts un ns, conditions or terms and any changes if rates or terms a	der 815 CMR 9.00. re being amended.)
				the state of the s
Company of the last of the las	PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth paidentify a PPD as follows: Payment issued within 10 days	% PPD; Payment issued we eason: <u>✓</u> agree to sta	ithin 15 days % PPD; Payment issued within 20 days _ ndard 45 day cycle statutory/legal or Ready Payments	% PPD; Payment issued within 30
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1	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> obli	gations have been incurred <u>prior</u> to the Effective Date.	ivo Data
	2, may be incurred as of, 20, a date LATER that ✓3, were incurred as of JULY 1, 20 _20, a date PRIOR to	n ine Ellective Date below	wand the parties agree that payments for any obligations in	curred prior to the Effective Date are
	authorized to be made either as settlement payments or	as authorized reimbursen	ent payments, and that the details and circumstances of a	Il obligations under this Contract are
1			eases the Commonwealth from further claims related to the	
	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	of resolving any claim or dispute, for
The second secon	CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required 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, Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language strick by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and to Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, low costs, or a more cost effective Contract. X:			
	A			

3

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https://www.macomptroller.org/lonns. Forms are also posted at	O3D FOITIB. Https://www.i				
CONTRACTOR LEGAL NAME: TOWN OF HUBBARDSTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:			
Legal Address: (W-9, W-4): 7 MAIN ST HUBBARDSTON, MA 01452-1437		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108			
Contract Manager: CLAUDIA R. PROVENCAL	Phone: 978-928-1400	Billing Address (if different):			
E-Mail: coa@hubbardstonma.us	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419		
Contractor Vendor Code: VC6000191838		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368		
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAHUBBARDSTON00			
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-1040C-1040L-57550			
X NEW CONTRACT		CONTRACT AMEND	MENT		
PROCUREMENT OR EXCEPTION TYPE: (Check one option only)		Enter Current Contract End Date Prior to Amendment:			
Statewide Contract (OSD or an OSD-designated Departm		Enter Amendment Amount: \$ (or "no change AMENDMENT TYPE: (Check one option only. Attach of			
Collective Purchase (Attach OSD approval, scope, budge Department Procurement (includes all Grants - 815 CMR	t) 2 00) (Solicitation	Amendment to Date, Scope or Budget (Attach upda			
Notice or RFR, and Response or other procurement supp	orting documentation)	Interim Contract (Attach justification for Interim Contr			
Emergency Contract (Attach justification for emergency, s Contract Employee (Attach Employment Status Form, sco	cope, budget)	Contract Employee (Attach any updates to scope or			
✓ Other Procurement Exception (Attach authorizing langua)	ge, legislation with	Other Procurement Exception (Attach authorizing la	nguage/justification and updated		
specific exemption or earmark, and exception justification,	scope and budget)	scope and budget)	t ltailbu-afamana		
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 ion): Commonwealth ⁻	ollowing Commonwealth Terms and Conditions document Terms and Conditions <u>✓</u> Commonwealth Terms and Conditions	ons For Human and Social		
COMPENSATION: (Check ONE option): The Department cert	tifies that payments for au	thorized performance accepted in accordance with the terms	s of this Contract will be supported		
in the state accounting system by sufficient appropriations or a Rate Contract. (No Maximum Obligation) Attach details of	other non-appropriated fur	nds, subject to intercept for Commonwealth owed debts und	er 815 CMR 9.00.		
✓ Maximum Obligation Contract. Enter total maximum oblig	gation for total duration of	f this contract (or new total if Contract is being amended). \$	7,776.00.		
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth p					
identify a DDD 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 re	days% PPD. If PPD percentages are left blank, identify reason: agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)				
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or	REASON FOR AMENDM	ENT: This contract is to distribute a formula grant award to the	ne 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 r how these grant funds were applied. All approved obligations	nunicipality certifies that the	he funds will be used for COA activities, and will complete a	final fiscal report accounting for e been triggered) and are intended		
to be part of this agreement, are to be funded from the total am	ount awarded under this a	agreement. This contract, once executed by both parties, will	be treated as the sole invoice for the		
maximum obligation of this contract. COAs are responsible for	returning this executed co	intract by no later than June 30, 2021.			
ANTICIPATED START DATE: (Complete ONE option only)			Contract obligations:		
1. may be incurred as of the Effective Date (latest signatur 2. may be incurred as of, 20, a date LATER tha	e date below) and <u>no</u> obli	gations have been incurred <u>prior</u> to the Ellective Date. w and no obligations have been incurred prior to the Effectiv	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 incl	urred prior to the Effective Date are		
authorized to be made either as settlement payments or	as authorized reimbursen	nent payments, and that the details and circumstances of all	obligations under this Contract are		
		eases the Commonwealth from further claims related to thes			
CONTRACT END DATE: Contract performance shall termin amended, provided that the terms of this Contract and perfor	mance expectations and	I obligations shall survive its termination for the purpose of	resolving any claim or dispute, for		
completing any negotiated terms and warranties, to allow any	close out or transition per	rformance, reporting, invoicing or final payments, or during	, any lapse between amendments.		
CERTIFICATIONS: Notwithstanding verbal or other represer	ntations 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	f the Contractor, the Depa	artment, or a later Contract or Amendment Start Date specif	ied above, subject to any required		
approvals. The Contractor certifies that they have accesse certifications required under the Standard Contract Form Instr	e and reviewed all doc	entifications under the pains and penalties of periury, and fur	ther agrees to provide any required		
documentation upon request to support compliance, and a	agrees that all terms gov	rerning performance of this Contract and doing business	in Massachusetts are attached or		
incorporated by reference herein according to the following hi Standard Contract Form Instructions and Contractor Certificat	erarchy of document pred	edence, the applicable Commonwealth Terms and Condition	is, this Standard Contract Form, the		
by a Department as unacceptable, and additional negotial	ted terms, provided that	additional negotiated terms will take precedence over the	relevant terms in the RFR and the		
Contractor's Response only if made using the process outline	d in 801 CMR 21.07, inco	orporated herein, provided that any amended RFR or Respo	nse terms result in best value, lower		
costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	1 1	I AUTHORIZING SIGNATURE FOR THE COMMONWE	ALTH:		
1/00/8	1/19/21				
X: Date: (Signature and Date Must Be Handwritten At Tim	e of Signature)	X: <u>facul</u> <u>Goldsten</u> : Di (Signature and Date Must Be Handwritten Print Name: <u>facul</u> Gords	At Time of Signature)		
Print Name: Praw Marane		Print Name: Rachel Golds	rem 1)		
Print Title: TUNN ADMINISTRATUR.		Print Title:			
			1) 0		

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

https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.	mass.gov/lists/osd-forms.		
CONTRACTOR LEGAL NAME: TOWN OF HUDSON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 78 MAIN ST HUDSON, MA 01749-2180		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: JANICE LONG Phone: 978-568-9638		Billing Address (if different):		
E-Mail: jlong@townofhudson.org	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191839		E-Mail: STACEY,OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD_001.		MMARS Doc ID(s): FY21COAHUDSON000000		
(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 only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) ✓ Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment:, 20 Enter Amendment Amount: \$ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) Amendment to Date, Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget) Contract Employee (Attach any updates to scope or budget) Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)		
The Standard Contract Form Instructions and Contractor into this Contract and are legally binding: (Check ONE opt	Certifications and the fo	ollowing Commonwealth Terms and Conditions documen	nt are incorporated by reference ons For Human and Social	
Services Commonwealth 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).\$ 46,980.00.				
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)				
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant funding. The performance period for this award is 7/1/20-6/30/21. The municipality certifies that the funds will be used for COA activities, and will complete a final fiscal report accounting for how these grant funds were applied. All approved obligations incurred prior to the effective date of this agreement (for which payment obligations have been triggered) and are intended to be part of this agreement, are to be funded from the total amount awarded under this agreement. This contract, once executed by both parties, will be treated as the sole invoice for the maximum obligation of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021.				
ANTICIPATED START DATE: (Complete ONE option only)			Contract obligations.	
1. may be incurred as of the Effective Date (latest signatur	n the Effective Date belo	w and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	ve Date.	
✓ 3. were incurred as of <u>JULY 1</u> , 20 20 , a date PRIOR to authorized to be made either as settlement payments or authorized. A continuous continuou	the Effective Date below, as authorized reimbursen	and the parties agree that payments for any obligations inco ment payments, and that the details and circumstances of all eases the Commonwealth from further claims related to thes	urred prior to the Effective Date are obligations under this Contract are	
CONTRACT END DATE: Contract performance shall terminate as ofJUNE 30, 20_21, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claimor dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.				
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: (Signature and Date, Must Be Handwritten At Time of Signature) Print Name: Print Title: Print Title: Print Title: Print Title: Print Title: Print Title:				
-	(Updated 6/3	10/20) Page 1 of 1 and Control	white h	

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	COMMONWEALTH DEPARTMENT NAME: EXECUTIVE MMARS Department Code:	OFFICE OF ELDER AFFAIRS		
	wiwaka department code.			
Legal Address: (W-9, W-4): 253 ATLANTIC AVE HULL, MA 02045-3215		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Phone: 781-925-1239	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): FY21COAHULL000000000			
		040 C-1040L-57550		
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		g") details of amendment changes.) ated scope and budget) ract and updated scope/budget)		
		inguage/justification and updated		
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 For Human and Social Services Commonwealth 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). \$\frac{29,772.00}{20,772.00}\$.				
_% PPD; Payment issued w reason: _✓_agree to sta dard EFT 45 day payment	vithin 15 days% PPD; Payment issued within 20 days ndard 45 day cycle statutory/legal or Ready Payments cycle. See Prompt Pay Discounts Policy.)	_% PPD; Payment issued within 30 (M.G.L. c. 29, § 23A); only initial		
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant funding. The performance period for this award is 7/1/20-6/30/21. The municipality certifies that the funds will be used for COA activities, and will complete a final fiscal report accounting for how these grant funds were applied. All approved obligations incurred prior to the effective date of this agreement (for which payment obligations have been triggered) and are intended to be part of this agreement, are to be funded from the total amount awarded under this agreement. This contract, once executed by both parties, will be treated as the sole invoice for the maximum obligation of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021.				
		Contract obligations:		
ure date below) and <u>no</u> obli nan the Effective Date belo	w and no obligations have been incurred prior to the Effecti	ve Date.		
to the Effective Date below or as authorized reimburser	, and the parties agree that payments for any obligations inc ment payments, and that the details and circumstances of al	turred prior to the Effective Date are lobligations under this Contract are		
ormance expectations and ny close out or transition pe	d obligations shall survive its termination for the purpose or formance, reporting, invoicing or final payments, or during	fresolving any claim or dispute, for g any lapse between amendments.		
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: (Signature and Date Must Be Handwritten At Time of Signature) Print Name: Print Title: Print Title: Print Title:				
	Fax: fon only) trent) get) R 2.00) (Solicitation porting documentation) porting documentation) poper budget) cope, budget) c	Fax: Contract Manager: STACEY ANNE OCONNELL E-Mail: STACEY.OCONNELL@MASS.GOV		



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CONTRACTOR LEGAL NAME: TOWN OF HUNTINGTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 24 RUSSELL RD HUNTINGTON, MA 01050-9776		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: KATHLEEN P. PETERSON	Phone: 413-512-5205	Billing Address (if different):		
E-Mail: coa@huntingtonma.org	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191842		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAHUNTINGTON000		
(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 Department Procurement (includes all Grants - 815 CMR	t)	AMENDMENT TYPE: (Check one option only. Attach ofAmendment to Date, Scope or Budget (Attach update)		
Notice or RFR, and Response or other procurement support	orting documentation)	Interim Contract (Attach justification for Interim Contr		
Emergency Contract (Attach justification for emergency, s	cope, budget)	Contract Employee (Attach any updates to scope or		
Contract Employee (Attach Employment Status Form, sco ✓ Other Procurement Exception (Attach authorizing language	ge, budget)	Other Procurement Exception (Attach authorizing la		
specific exemption or earmark, and exception justification, s	scope and budget)	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 Services Commonwealth IT Terms and Conditions			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 of	ifies that payments for au	thorized performance accepted in accordance with the term	s of this Contract will be supported er 815 CMR 9.00.	
Rate Contract. (No Maximum Obligation) Attach details of	all rates, units, calculation	ns, conditions or terms and any changes if rates or terms ar	e being amended.)	
Maximum Obligation Contract. Enter total maximum obligation	gation 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 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: <a (excluding="" (rfr)="" (signature="" 21.07,="" 801="" a="" above,="" accessed="" according="" additional="" agrees="" all="" amended="" amendment="" an="" and="" any="" applicable="" approvals.="" are="" as="" at="" attached="" authorized="" authorizing="" be="" been="" best="" business="" by="" certifications="" certifications,="" certifies="" cmr="" commonwealth="" commonwealth:="" compliance,="" conditions,="" contract="" contract.="" contractor="" contractor's="" contractor,="" cost="" costs,="" date="" date"="" date:="" department="" department,="" document="" documentation="" documents="" doing="" effective="" electronically="" executed="" following="" for="" form="" further="" governing="" handwritten="" has="" have="" herein="" herein,="" hierarchy="" href="mailto:washedge-decomposition-no-new-mailto:washedge-decomposition-no-new-mailto:washedge-decomposition-no-new-mailto:washedge-decomposition-no-new-mailto:washedge-decomposition-no-new-mailto:washedge-decomposition-no-new-mailto:washedge-decomposition-no-new-mailto:washedge-decomposition-no-new-mailto:washedge-decomposition-no-new-mailto:washedge-decomposition-no-new-mailto:washedge-decomposition-no-new-mailto:washedge-decomposition-new-mailto:washed</td></tr><tr><td colspan=4>BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant funding. The performance period for this award is 7/1/20-6/30/21. The municipality certifies that the funds will be used for COA activities, and will complete a final fiscal report accounting for how these grant funds were applied. All approved obligations incurred prior to the effective date of this agreement (for which payment obligations have been triggered) and are intended to be part of this agreement, are to be funded from the total amount awarded under this agreement. This contract, once executed by both parties, will be treated as the sole invoice for the maximum obligation of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021.</td></tr><tr><td>ANTICIPATED START DATE: (Complete ONE option only)</td><td></td><td></td><td>Contract obligations:</td></tr><tr><td>1. may be incurred as of the Effective Date (latest signature</td><td>e date below) and <u>no</u> obli</td><td>gations have been incurred <u>prior</u> to the Effective Date.</td><td>ve Date</td></tr><tr><td>2. may be incurred as of, 20, a date LATER tha 3. were incurred as of JULY 1, 20 20, a date PRIOR to</td><td>n the Effective Date below</td><td>and the parties agree that payments for any obligations inc</td><td>urred prior to the Effective Date are</td></tr><tr><td>authorized to be made either as settlement payments or</td><td>as authorized reimbursen</td><td>nent payments, and that the details and circumstances of all</td><td>lobligations under this Contract are</td></tr><tr><td>attached and incorporated into this Contract. Acceptance</td><td>e of payments forever rele</td><td>eases the Commonwealth from further claims related to thes</td><td>se obligations.</td></tr><tr><td>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</td><td>mance expectations and</td><td>obligations shall survive its termination for the purpose of</td><td>f resolving any claim or dispute, for</td></tr><tr><td colspan=3>CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the " if="" in="" incorporated="" instructions="" language="" later="" latest="" lower="" made="" makes="" massachusetts="" more="" must="" name:="" negotiated="" note:="" of="" only="" or="" other="" outlined="" over="" pains="" penalties="" performance="" perjury,="" precedence="" precedence,="" print="" process="" provide="" provided="" published="" reference="" relevant="" request="" required="" response="" result="" reviewed="" rfr="" shall="" signatory="" signature="" signature)="" signature)<="" solicitation,="" specified="" standard="" start="" stricken="" subject="" support="" take="" td="" terms="" terms,="" that="" the="" they="" this="" time="" title:="" to="" unacceptable,="" under="" upon="" using="" value,="" will="" x:="">				

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