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:

COMPENSATION: CEGAL NAME: TOWN OF IPSWICH (and dibla): (Logal Address: (W-9, W-4): 25 GREEN ST (Logal Address): (W-9,	ER AFFAIRS
Image: SHELATAYLOR	
E-Mail: coa@jps-wich-ma.gov Fax: Contract Manager: STACEY ANNE OCONNELL. Phone: 617-227 Vendor Code Address ID (e.g. "AD001"): AD 091; Vendor Code Address ID (e.g. "AD001"): AD 091; Vendor Code Address ID (e.g. "AD001"): AD 091; MMARS Doc ID(e): FY21COAIPSWiCH0000000 FREPOCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (CSD or an OSD-designated Operation) Statewide Contract (C	
Contractor Vendor Code: VC6000191843 E-Mail: STACEY.COCNNELL@MASS.GOV Fax: 617-27-4 Vendor Code Address ID (e.g. "AD001"): AD 091, (Note: The Address ID (e.g. "AD001"): AD 091, X. NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Satawade Contract (CSD or an OSD-designated Department) Collective Purchase (Alacto OSD approval scope), budgel) Department Procurement (includes all Grants - 915 CMP 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) Emergency Contract (Alacti) justification for mergency, scope, budgel) Ontract Employee (Alactic Inspriency, scope, budgel) Ontract Employee (Alactic Inspriency) and ecoper justification, scope and budgel) Other Procurement Exception (Alactic justification for mergency, scope, budgel) Other Procurement Exception (Alactic justification for mergency, scope, budgel) Other Procurement Exception (Alactic justification for mergency, scope, budgel) The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions document are incorporated into this Contract and are legally binding; (Check ONE polito): Commonwealth Terms and Conditions document are incorporated into this Contract and are legally binding; (Check ONE polito): Commonwealth Terms and Conditions document are incorporated into this Contract, (No Navirum Onligation) Alactic delicit of all rates, units, educations, on ordinors or the politic process of the politic proces	
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approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provi documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Costandard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any land by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in 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 be	fective Date are nis Contract are tract is properly mor dispute, for en amendments.
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Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any lan by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in 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 b	fective Date are nis Contract are tract is properly mor dispute, for a mendments. this Contract or to any required ractor makes all ide any required
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 b	fective Date are nis Contract are tract is properly mor dispute, for a amendments. this Contract or to any required ractor makes all ide any required are attached or
costs, or a more cost effective Contract.	rective Date are nis Contract are tract is properly mor dispute, for a mendments. this Contract or to any required ractor makes alide any required are attached or ontract Form, he nguage stricken
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	rective Date are nis Contract are tract is properly mor dispute, for a mendments. this Contract or to any required ractor makes all ide any required are attached or ontract Form, five inguage stricken ne RFR and the
x: 125/2021 x: 4000 (on) Date: 2 - 18	rective Date are nis Contract are tract is properly mor dispute, for a mendments. this Contract or to any required ractor makes all ide any required are attached or ontract Form, five inguage stricken ne RFR and the
(Signature and Date Must Be Handwritten At Time of Signature) (Signature and Date Must Be Handwritten At Time of Signature)	rective Date are nis Contract are tract is properly mor dispute, for a mendments. this Contract or to any required ractor makes all ide any required are attached or ontract Form, five inguage stricken ne RFR and the
Print Name: Anthony Marino. Print Name: Keggy, Connety.	rective Date are nis Contract are tract is properly mor dispute, for a mendments. this Contract or to any required ractor makes all ide any required are attached or ontract Form, the inguage stricken ne RFR and the cest value, lower
Print Title: Town Manager. Print Title: DIVETER OF PHICIAM	rective Date are nis Contract are tract is properly mor dispute, for a mendments. this Contract or to any required ractor makes all ide any required are attached or ontract Form, the inguage stricken ne RFR and the cest value, lower
(Updated 6/30/20) Page 1 of 1 and Contract M	rective Date are nis Contract are tract is properly mor dispute, for a mendments. this Contract or to any required ractor makes all ide any required are attached or ontract Form, the inguage stricken ne RFR and the cest value, lower

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https://www.macomptroller.org/forms. Forms are also posted a	t OSD Forms: https://www.	mass.gov/lists/osd-forms.	
CONTRACTOR LEGAL NAME: TOWN OF KINGSTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 26 GREEN ST KINGSTON, MA 02364-1428		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: PAULA ROSSI-CLAPP	Phone: 781-585-0511	Billing Address (if different):	
E-Mail: prossiclapp@kingstonmass.org	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191845	•	E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAKINGSTON00000	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-	1040 C-1040 L-57550
X NEW CONTRACT		CONTRACT AMEN	DMENT
PROCUREMENT OR EXCEPTION TYPE: (Check one option	n only)	Enter Current Contract End Date Prior to Amendment	, 20_ <u></u> .
Statewide Contract (OSD or an OSD-designated Departm	nent)	Enter Amendment Amount: \$ (or "no change	
Collective Purchase (Attach OSD approval, scope, budge	et)	AMENDMENT TYPE: (Check one option only. Attach	
Department Procurement (includes all Grants - 815 CMR Notice or RFR, and Response or other procurement supp	corting documentation)	Amendment to Date, Scope or Budget (Attach upo Interim Contract (Attach justification for Interim Con	stract and undated scope/budget)
Emergency Contract (Attach justification for emergency,	scope, budget)	Contract Employee (Attach any updates to scope of	
Contract Employee (Attach Employment Status Form, sco ✓ Other Procurement Exception (Attach authorizing langua	ge, legislation with	Other Procurement Exception (Attach authorizing	
specific exemption or earmark, and exception justification,	scope and budget)	scope and budget)	50 1948 (M.) VIII
The Standard Contract Form Instructions and Contractor into this Contract and are legally binding: (Check ONE opinions). Services Commonwealth IT Terms and Conditions	Certifications and the folion):Commonwealth	ollowing Commonwealth Terms and Conditions docum Terms and Conditions ✓ Commonwealth Terms and Cond	entare incorporated by reference itions For Human and Social
COMPENSATION: (Check ONE option): The Department cer in the state accounting system by sufficient appropriations or Rate Contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum	other non-appropriated fur of all rates, units, calculation	nds, subject to intercept for Commonwealth owed debts un ons, conditions or terms and any changes if rates or terms a	ider 815 CMR 9.00. are being amended.)
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth p identify a PPD as follows: Payment issued within 10 days days % PPD. If PPD percentages are left blank, identify payment (subsequent payments scheduled to support stand	% PPD; Payment issued w reason: <u>✓</u> agree to sta	rithin 15 days % PPD; Payment issued within 20 days _ ndard 45 day cycle statutory/legal or Ready Payments	% PPD; Payment issued within 30
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 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 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 a 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 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 maximum obligation of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021.		Illocation of available grant funding. a final fiscal report accounting for ave been triggered) and are intended Il be treated as the sole invoice for the	
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:		it Contract obligations:	
1. may be incurred as of the Effective Date (latest signatur	re date below) and <u>no</u> obli	gations have been incurred <u>prior</u> to the Effective Date.	tive Date
2. may be incurred as of, 20, a date LATER that3. were incurred as of JULY 1, 20 20, a date PRIOR to	the Effective Date below	w and <u>no</u> obligations have been incurred <u>prior</u> to the Ellect and 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	ment payments, and that the details and circumstances of a	all obligations under this Contract are
A STANDARD SECURITION OF THE S		eases the Commonwealth from further claims related to the	
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 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 discompleting any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendations.			of resolving any claim or dispute, for ng any lapse between amendments.
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contractor Amendment shall be the latest date that this Contractor Amendment shall be the latest date that this Contractor Amendment shall be the latest date that this Contractor Amendment shall be the latest date that this Contractor Amendment shall be the latest date that this Contractor Amendment shall be the latest date that this Contractor Centractor of Amendment shall be the latest date that this Contractor Centractor of this Contract or Amendment shall be the latest date that this Contractor Centractor Centractor of this Contract or Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this Contract or Centractor Centractor approvals. The Contractor Centractor Standard Contract or Centractor Standard Contract Form Instructions and Contract Form Instructions and Contract Form Instructions and Contractor Certifications, and give shall be the contractor of this Contract and doing business in Massachusetts are attact incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract For Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language st by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR are Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: Year Authorized Form Instructions and Contractor's Response on the relevant terms in the RFR are Contractor's Response only if m			cified above, subject to any required blished and the Contractor makes all urther agrees to provide any required as in Massachusetts are attached or ons, this Standard Contract Form, the use (excluding any language stricken he relevant terms in the RFR and the onse terms result in best value, lower EALTH: Date: 248 2021 an At Time of Signature)
AND NOTIFICATION OF THE STATE O			

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 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 0	OSD Forms: https://www.r	mass.gov/lists/osd-forms.	
CONTRACTOR LEGAL NAME: TOWN OF LAKEVILLE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 346 BEDFORD ST LAKEVILLE, MA 02347-2150		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: KELLY HOWLEY	Phone: 508-947-7224	Billing Address (if different):	
E-Mail: lakevillecoa@comcast.net	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191846		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COALAKEVILLE0000	
(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
		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 or Amendment to Date, Scope or Budget (Attach update) Interim Contract (Attach justification for Interim Contract Contract Employee (Attach any updates to scope or Other Procurement Exception (Attach authorizing later)	g") details of amendment changes.) ated scope and budget) ract and updated scope/budget) budget)
Other Procurement Exception (Attach authorizing language specific exemption or earmark, and exception justification, s	cope and budget)	scope and budget)	
The Standard Contract Form Instructions and Contractor C into this Contract and are legally binding: (Check ONE option Services Commonwealth IT Terms and Conditions	certifications and the foon): Commonwealth	Terms and Conditions 🗸 Commonwealth Terms and Conditions	IOIS FOI HUITAIT AIRC SOCIAL
COMPENSATION: (Check ONE option): The Department certiin the state accounting system by sufficient appropriations or one Rate Contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum obligation Contract.	ther non-appropriated fur all rates, units, calculation	nds, subject to intercept for Commonwealth owed debts unit ons, conditions or terms and any changes if rates or terms a	re being amended.)
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pa			
identify a PPD as follows: Payment issued within 10 days9 days9 PPD. If PPD percentages are left blank, identify repayment (subsequent payments scheduled to support standard)	GPPD; Payment issued we ason: _✓_agree to state of EFT 45 day payment	ndard 45 day cycle statutory/legal or Ready Payments cycle. See Prompt Pay Discounts Policy.) FNT: This contract is to distribute a formula grant award to	(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 i	apter 227 of the Acts of 20 nunicipality certifies that t ncurred prior to the effecti nunt awarded under this a	to the award amount is determined by a census-based and the funds will be used for COA activities, and will complete a ve date of this agreement (for which payment obligations have agreement. This contract, once executed by both parties, will	final fiscal report accounting for ve been triggered) and are intended
maximum obligation of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021. ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:			: Contract obligations:
1 may be incurred as of the Effective Date (latest signature	e date below) and no obli	igations have been incurred prior to the Effective Date.	
2 may be incurred as of 20 a date LATER that	n the Effective Date belo	w and no obligations have been incurred <u>prior</u> to the Eliect	ve Date.
attached and incomprated into this Contract. Acceptance	as authorized reimburser e of payments forever rel	nent payments, and that the details and circumstances of a eases the Commonwealth from further claims related to the	se obligations.
attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations. CONTRACT END DATE: Contract performance shall terminate as of JUNE 30, 20 21, with no new obligations being incurred after this date unless the Contract is presented, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or disput completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amend			date unless the Contract is properly of resolving any claim or dispute, for g any lapse between amendments.
Amendment has been executed by an authorized signatory of approvals. The Contractor certifies that they have accessed certifications required under the Standard Contract Form Instructions and Contractor Certification by a Department as unacceptable, and additional negotiat Contractor's Response only if made using the process outlined costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: Cignature and Date Must Be Handwritten At Time Print Name: Print Title: Contractor's Response only if made using the process outlined costs, or a more cost effective Contract.	the Contractor, the Deped and reviewed all docuctions and Contractor Cigrees that all terms goveranchy of document precions, the Request for Reded terms, provided that din 801 CMR 21.07, inco	artment, or a later Contract of Artendment Start Date spectruments incorporated by reference as electronically participations under the pains and penalties of perjury, and fiverning performance of this Contract and doing business cedence, the applicable Commonwealth Terms and Conditions (RFR) or other solicitation, the Contractor's Response additional negotiated terms will take precedence over the orporated herein, provided that any amended RFR or Response AUTHORIZING SIGNATURE FOR THE COMMONWI	lished and the Contractor makes all urther agrees to provide any required is in Massachusetts are attached or ons, this Standard Contract Form, the se (excluding any language stricken e relevant terms in the RFR and the onse terms result in best value, lower EALTH:

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

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https://www.masc.gov/lists/osd/forms.

https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.	mass.gov/lists/osd-torms.	
CONTRACTOR LEGAL NAME: TOWN OF LANESBOROUGH (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 83 S MAIN ST LANESBOROUGH, MA 01237-9727		Business Mailing Address: 1 ASHBURTON PL BOST	ON, MA 02108
Contract Manager: LORNA GAYLE	Phone: 413-448-2682	Billing Address (if different):	
E-Mail: seniors.director@lanesborough-ma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191848		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COALANESBOROUGH0	
(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	10000181/	CONTRACT AMEND	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check one option	n only)	Enter Current Contract End Date Prior to Amendment:	1000,000
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 d	and the second of the second o
Notice or RFR, and Response or other procurement supp	orting documentation)	Amendment to Date, Scope or Budget (Attach upda Interim Contract (Attach justification for Interim Contra	
Emergency Contract (Attach justification for emergency, s	cope, budget)	Contract Employee (Attach any updates to scope or I	
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 into this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions	Certifications and the footing in th	ollowing Commonwealth Terms and Conditions documer Terms and Conditions <u>✓</u> Commonwealth Terms and Conditi	It are incorporated by reference 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	of this Contract will be supported
in the state accounting system by sufficient appropriations or o	other non-appropriated fur	nds, subject to intercept for Commonwealth owed debts unde	er 815 CMR 9.00.
Rate Contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum obligation	fall rates, units, calculation	ons, conditions or terms and any changes if rates or terms are	e saa oo
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth p	ayments are issued thro	ugh EFT 45 days from invoice receipt. Contractors reque	% PPD: Payment issued within 30
identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within days% PPD. If PPD percentages are left blank, identify reason: agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initially included the control of the con			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			re Councils on Aging of the ocation 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		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 in		e 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 1 maximum obligation of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021.			ye il edied as the sole involce for the
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:			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 1 0	
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 Effective	e Date.
✓ 3. were incurred as of <u>JULY1</u> , 20 20 , a date PRIOR to	tne 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	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	ate unless the Contract is properly
amended, provided that the terms of this Contract and perfor completing any negotiated terms and warranties, to allow any	mance expectations and	l 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 represer Amendment has been executed by an authorized signatory of	itations by the parties, the fthe Contractor, the Dena	e "Effective Date" of this Contract of Amendment shall be artment, or a later Contract of Amendment Start Date specifi	ed above, subject to any required
approvals. The Contractor certifies that they have accessed	ed and reviewed all doc	numents incorporated by reference as electronically published	shed 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 require			
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, 1			ns, this Standard Contract Form, the
I Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language st			e (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 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, lo			relevant terms in the RFR and the
costs, or a more cost effective Contract.	am oo rowat 2 mor moo		
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:		AUTHORIZING SIGNATURE FOR THE COMMONWE	ALTH:
X: Kelli a. Kobbino . Date:	1-25-21	x: Mam Comer. D.	ate:
(Signature and Date Must Be Handwritten At Tim	e of Signature)	(Signature and Date Must Be Handwritten	At Time of Signature)
Print Name: Kelli A. Robbins .		Print Name: Keghy Conne	Margaretin
Print Title: <u>Town Manager</u> .		Print Title:	T
V	(Updated 6/3	0/20) Page 1 of 1 0 NC (7 n)	Tracting

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

impaliwww.inaconipitolier.org/iornis. Tornis are also posted at	COOD I OIIIB. IIIWS JWWW.I	ilass.gov/iisisiosu-ioriis.	
CONTRACTOR LEGAL NAME: CITY OF LAWRENCE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTION MARS Department Code:	VE OFFICE OF ELDER AFFAIRS
Legal Address: (W-9, W-4): 200 COMMON ST LAWRENCE, MA 01840-1517		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: MARTHA VELEZ	Phone: 978-620-3540	Billing Address (if different):	
E-Mail: mvelez@cityoflawrence.com	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000192104		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD <u>001.</u>	0	MMARS Doc ID(s): FY21COALAWRENCE00000	
(Note: The Address ID must be set up for EFT payments.)	(4)	RFR/Procurement or Other ID Number: BD-21-1040	-1040 C-1040L-57550
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) ✓ Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)			
The Standard Contract Form Instructions and Contractor into this Contract and are legally binding: (Check ONE opt Services Commonwealth IT Terms and Conditions	Certifications and the foi ion): Commonwealth	ollowing Commonwealth Terms and Conditions docu Terms and Conditions <u>~</u> Commonwealth Terms and Cor	mentare incorporated by reference aditions For Human and Social
COMPENSATION: (Check ONE option): The Department cer in the state accounting system by sufficient appropriations or	other non-appropriated fur fall rates, units, calculating attention for total duration or asyments are issued throws PPD; Payment issued throws PPD; Payment issued throws PPD; Payment issued throws PPD; Payment 45 day payment REASON FOR AMENDING The ACT of 12 municipality certifies that incurred prior to the effect mount awarded under this returning this executed control of the effect of the action of the effect mount awarded under this returning this executed control.	nds, subject to intercept for Commonwealth owed debts upons, conditions or terms and any changes if rates or terms of this contract (or new total if Contract is being amended) upon EFT 45 days from invoice receipt. Contractors rewithin 15 days % PPD; Payment issued within 20 days and 45 day cycle statutory/legal or Ready Payment cycle. See Prompt Pay Discounts Policy.) IENT: This contract is to distribute a formula grant award on 20. The award amount is determined by a census-based the funds will be used for COA activities, and will complet ive date of this agreement (for which payment obligations agreement. This contract, once executed by both parties, outract by no later than June 30, 2021.	Inder 815 CMR 9.00. Is are being amended.) Index street a payments must a celerated payments must a celerated payments must a celerated payments must a celerated within 30 and (M.G.L. c. 29, § 23A); only initial a control of available grant funding. In the Councils on Aging of the celeration of available grant funding. It is a final fiscal report accounting for have been triggered) and are intended will be treated as the sole invoice for the
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contract end date: Contract performance shall term amended, provided that the terms of this Contract and performance any negotiated terms and warranties, to allow any	rmance expectations an	d obligations shall survive its termination for the purpos	e of resolving any claim or dispute, for
CERTIFICATIONS: Notwithstanding verbal or other represe Amendment has been executed by an authorized signatory of approvals. The Contractor certifies that they have access certifications required under the Standard Contract Form Institution upon request to support compliance, and incorporated by reference herein according to the following the Standard Contract Form Instructions and Contractor Certification by a Department as unacceptable, and additional negotic Contractor's Response only if made using the process outling costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: (Signature and Date Must Be/Handyritten At Tire	of the Contractor, the Depeted and reviewed all do tructions and Contractor (agrees that all terms go interactly of document preations, the Request for Reated terms, provided that ared in 801 CMR 21.07, incoming the contractions of the contractio	artment, or a later Contract or Amendment Start Date sp currents incorporated by reference as electronically p Certifications under the pains and penalties of perjury, an verning performance of this Contract and doing busin cedence, the applicable Commonwealth Terms and Com sponse (RFR) or other solicitation, the Contractor's Resp t additional negotiated terms will take precedence over	ecified above, subject to any required ublished and the Contractor makes all d further agrees to provide any required ness in Massachusetts are attached or ditions, this Standard Contract Form, the nonse (excluding any language stricken r the relevant terms in the RFR and the sponse terms result in best value, lower

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.	P
CONTRACTOR LEGAL NAME: TOWN OF LEE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 32 MAIN ST LEE, MA 01238-1612		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: PATRICIA DIGRIGOLI	Phone: 413-243-5545	Billing Address (if different):	
E-Mail: coa@town.lee.ma.us	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191850		E-Mail: STACEY,OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COALEE0000000000	12 April 2008 (2008) 10 A J B (2008)
(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 AMEN	
PROCUREMENT OR EXCEPTION TYPE: (Check one option	n only)	Enter Current Contract End Date Prior to Amendmen	
Statewide Contract (OSD or an OSD-designated Departm		Enter Amendment Amount: \$ (or "no char	ge")
Collective Purchase (Attach OSD approval, scope, budge	et)	AMENDMENT TYPE: (Check one option only. Attac	
Department Procurement (includes all Grants - 815 CMR Notice or RFR, and Response or other procurement supp		Amendment to Date, Scope or Budget (Attach up	
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specific exemption or earmark, and exception justification,		scope and budget)	ianguage justilication and updated
The Standard Contract Form Instructions and Contractor into this Contract and are legally binding: (Check ONE opt Services Commonwealth IT Terms and Conditions			
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, calculation	nds, subject to intercept for Commonwealth owed debts u ons, conditions or terms and any changes if rates or terms	nder 815 CMR 9.00. are being amended.)
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth p identify a PPD as follows: Payment issued within 10 days days% PPD. If PPD percentages are left blank, identify r payment (subsequent payments scheduled to support stand	% PPD; Payment issued w eason: <u>✓</u> agree to sta ard EFT 45 day payment	vithin 15 days% PPD; Payment issued within 20 days ndard 45 day cycle statutory/legal or Ready Payment cycle. See Prompt Pay Discounts Policy.)	% PPD; Payment issued within 30 is (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 for the performance period for this award is 7/1/20-6/30/21. The municipality certifies that the funds will be used for COA activities, and will complete a final fiscal report account how these grant funds were applied. All approved obligations incurred prior to the effective date of this agreement (for which payment obligations have been triggered) and are to be part of this agreement, are to be funded from the total amount awarded under this agreement. This contract, once executed by both parties, will be treated as the sole involved in the contract by no later than June 30, 2021.			allocation of available grant funding. a final fiscal report accounting for ave been triggered) and are intended ill be treated as the sole invoice for the
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:			at Contract obligations:
1. may be incurred as of the Effective Date (latest signatur 2. may be incurred as of, 20, a date LATER tha			ative Dete
✓ 3. were incurred as of <u>JULY1</u> , 20 20 , a date PRIOR to			
authorized to be made either as settlement payments or attached and incorporated into this Contract. Acceptance	as authorized reimbursen	nent payments, and that the details and circumstances of	all obligations under this Contract are
contract end date: Contract performance shall terminamended, provided that the terms of this Contract and performance any negotiated terms and warranties, to allow any	mance expectations and	obligations shall survive its termination for the purpose	of resolving any claim or dispute, for
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Con 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 re approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor me certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any re documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attack incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language so by a Department as unacceptable, and additional negotiated terms will take precedence over the relevant terms in the RFR or Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X:			
	(Updated 6/3	0/20) Page 1 of 1	A-Acting

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

are incorporated by reference herein. Additional horizont https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.i	mass.gov/lists/osd-forms.	a Pagasa as	
CONTRACTOR LEGAL NAME: TOWN OF LEICESTER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 1078 MAIN ST LEICESTER, MA 01524-1396		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: RACHELLE CLOUTIER	Phone: 508-892-7016	Billing Address (if different):		
E-Mail: cloutierr@leicesterma.org	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191851		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COALEICESTER0000		
(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	
		CONTRACT AMEND		
X NEW CONTRACT 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	e")	
Collective Purchase (Attach OSD approval, scope, budge	t)	AMENDMENT TYPE: (Check one option only. Attach		
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Notice or RFR, and Response or other procurement supp Emergency Contract (Attach justification for emergency, s	cope, budget)	Interim Contract (Attach justification for Interim Cont Contract Employee (Attach any updates to scope or		
Contract Employee (Attach Employment Status Form, sco	pe, budget)	Other Procurement Exception (Attach authorizing la		
Other Procurement Exception (Attach authorizing langua specific exemption or earmark, and exception justification,	ge, legislation with	scope and budget)	nguagajusuncauon and apadica	
The Standard Contract Form Instructions and Contractor	Certifications and the fo	bllowing Commonwealth Terms and Conditions docume	ntare incorporated by reference	
into this Contract and are legally binding: (Check ONE opt Services Commonwealth IT Terms and Conditions	on): Commonwealth	Terms and Conditions <u>✓</u> Commonwealth Terms and Conditions	ions for Human and Social	
COMPENSATION: (Check ONE option): The Department cer in the state accounting system by sufficient appropriations or Rate Contract. (No Maximum Obligation) Attach details o Maximum Obligation Contract. Enter total maximum obligation	other non-appropriated fu f all rates, units, calculation	nds, subject to intercept for Commonwealth owed debts und ons, conditions or terms and any changes if rates or terms a	re being amended.)	
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ANTICIPATED START DATE: (Complete ONE option only)	The Department and Con	tractor certify for this Contract, or Contract Amendment, that	Contract obligations:	
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2. may be incurred as of, 20, a date LATER that3. were incurred as of JULY 1, 20 20, a date PRIOR to	the Effective Date below	and the narties agree that navments for any obligations in	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	liophgalions under this contractare	
attached and incorporated 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 perfo completing any negotiated terms and warranties, to allow any	rmanco avnactations and	d obligations shall survive its termination for the DUIDOSE 0	of resolving any claim of dispute, for	
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https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.		
CONTRACTOR LEGAL NAME: TOWN OF LENOX and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 6 WALKER ST LENOX, MA 01240-2741		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: DARLENE McCAULEY	Phone: 413-637-5530	Billing Address (if different):	
E-Mail: communitycenter@townoflenox.com	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191853		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
dor Code Address ID (e.g. "AD001"): AD_001.		MMARS Doc ID(s): FY21COALENOX00000000	
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2. may be incurred as of, 20, a date LATER that3. were incurred as of, 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	ward <u>no</u> congations have been incurred <u>prior</u> to the Ellection, 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	curred prior to the Effective Date are lobligations under this Contract are
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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 makest certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required under the Standard Contract Form Instructions and Contractor Certifications, and Contractor Certifications and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language strict by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, locosts, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X:			fied above, subject to any required ished and the Contractor makes all rther agrees to provide any required is in Massachusetts are attached or ons, this Standard Contract Form, the se (excluding any language stricken are relevant terms in the RFR and the onse terms result in best value, lower EALTH:
Print Title: Chief Administra	HI VICOMICA	Print Title:	<u> </u>



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maps.//www.macompronor.org/norms. Torms are also posted at	OOD TOTTO, TREPS.//WWW.	Tibaa.go viilabioad ioi iib.		
CONTRACTOR LEGAL NAME: CITY OF LEOMINSTER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 25 WEST ST LEOMINSTER, MA 01453-5699		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: LAURANE BROOKS	Phone: 978-534-7511	Billing Address (if different):		
E-Mail: Ibrooks@leominster-ma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192105		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD_001.		MMARS Doc ID(s): FY21COALEOMINSTER000	Commence and the commence with	
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COMPENSATION: (Check ONE option): The Department cert in the state accounting system by sufficient appropriations or care Rate Contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum obligation	other non-appropriated fur all rates, units, calculation	nds, subject to intercept for Commonwealth owed debts under ns, conditions or terms and any changes if rates or terms are	er 815 CMR 9.00. e being amended.)	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pa	avments are issued thro	ugh FET 45 days from invoice receipt Contractors reque	sting accelerated payments must	
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 in			% PPD; Payment issued within 30	
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		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 n how these grant funds were applied. All approved obligations in				
to be part of this agreement, are to be funded from the total am	ount awarded under this a	greement. This contract, once executed by both parties, will be		
maximum obligation of this contract. COAs are responsible for ANTICIPATED START DATE: (Complete ONE option only) T			Contract abligations	
1. may be incurred as of the Effective Date (latest signature			John act obligations.	
2. may be incurred as of, 20, a date LATER than			e Date.	
✓ 3. were incurred as of JULY 1, 20 20 , a date PRIOR to t				
		ent payments, and that the details and circumstances of all		
contract end DATE: Contract performance shall termin		ases the Commonwealth from further claims related to these		
amended, provided that the terms of this Contract and perform completing any negotiated terms and warranties, to allow any	mance expectations and	obligations shall survive its termination for the purpose of	resolving any claim or dispute, for	
<u>CERTIFICATIONS</u> : 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			in Massachusetts are attached or	
incorporated by reference herein according to the following hierarchy of document precede Standard Contract Form Instructions and Contractor Certifications, the Request for Respon-				
by a Department as unacceptable, and additional negotiate				
Contractor's Response only if made using the process outlined				
costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR:		ALITHODIZING SIGNATURE FOR THE COMMONWEST	I TU.	
	122/21	AUTHORIZING SIGNATURE FOR THE COMMONWEA	2/2/2/21	
X: Date: Date: Date:	of Signature)	X:	te:	
Print Name: Dean J. Mazzarella.	or orginature/	Print Name: Rachel Golds?	Tests	
Print Title: TOAYOR		Print Title: CFD .		

A



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.r		
CONTRACTOR LEGAL NAME: TOWN OF LEVERETT (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 9 MONTAGUE RD LEVERETT, MA 01054-9725		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: TERESA ALLEN	Phone: 413-548-1022	Billing Address (if different):	
E-Mail: Ila@aux.umass.edu; coa@leverett.ma.us	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191854		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COALEVERETT00000	
(Note: The Address ID must be set up for EFT payments.)	İ	RFR/Procurement or Other ID Number: BD-21-1040-10	040C-1040L-57550
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) Other Procurement Exception (Attach authorizing language, legislation with		CONTRACT AMEND Enter Current Contract End Date <u>Prior</u> to Amendment Enter Amendment Amount: \$ (or "no charge AMENDMENT TYPE: (Check one option only. Attach ofAmendment to Date, Scope or Budget (Attach updaInter im Contract (Attach justification for Interim ContrContract Employee (Attach any updates to scope or lOther Procurement Exception (Attach authorizing lascope and budget)	, 20 letails of amendment changes.) ted scope and budget) act and updated scope/budget) budget)
specific exemption or earmark, and exception justification, s The Standard Contract Form Instructions and Contractor of into this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions	Certifications and the fo	ollowing Commonwealth Terms and Conditions document Terms and Conditions <u>~</u> Commonwealth Terms and Conditions	nt are incorporated by reference ons For Human and Social
COMPENSATION: (Check ONE option): The Department cert in the state accounting system by sufficient appropriations or care. Rate Contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum oblig	other non-appropriated fur all rates, units, calculation	nds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms ar	er 815 CMR 9.00. e being amended.)
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 3 days% PPD. If PPD percentages are left blank, identify reason: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.)			% PPD; Payment issued within 30 (MG.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 trunicipalities 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. 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 acconductive the segrant funds were applied. All approved obligations incurred prior to the effective date of this agreement (for which payment obligations have been triggered) and are to be part of this agreement, are to be funded from the total amount awarded under this agreement. This contract, once executed by both parties, will be treated as the sole inverse invariant mobiligation of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021.		ocation of available grant funding. final fiscal report accounting for the been triggered) and are intended be treated as the sole invoice for the	
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:			Contract obligations:
1. may be incurred as of the Effective Date (latest signature date below) and <u>no</u> obligations have been incurred <u>prior</u> 2. may be incurred as of, 20, a date LATER than the Effective Date below and <u>no</u> obligations have been incurred prior		gations have been incurred <u>prior</u> to the Effective Date.	ve Date.
✓ 3. were incurred as of <u>JULY 1</u> , 20 <u>20</u> , a date PRIOR to 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 obligations under this Contract are
CONTRACT END DATE: Contract performance shall terminamended, provided that the terms of this Contract and perfor completing any negotiated terms and warranties, to allow any	nate as of <u>JUNE 30</u>	, 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 Con Amendment shall be the latest date to Amendment shall be the latest date above, subject to any the Contractor of Principles of Pri			ied above, subject to any required shed and the Contractor makes all ther agrees to provide any required in Massachusetts are attached or ns, this Standard Contract Form, he relevant terms in the RFR and the nse terms result in best value, lower ALTH:

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

https://www.maco.mytroller.org/forms.

https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.	mass.gov/lists/osd-forms.	
CONTRACTOR LEGAL NAME: TOWN OF LEXINGTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE MMARS Department Code:	E OFFICE OF ELDER AFFAIRS
Legal Address: (W-9, W-4): 1625 MASSACHUSETTS AVE LEXINGTON, MA 02420-3801		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: MICHELLE KELLEHER Phone: 781-698-4841 Billing Address (if different):			
E-Mail: mkelleher@lexingtonma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191856		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COALEXINGTON0000	*
(Note: The Address ID must be set up for EFT payments.)	*	RFR/Procurement or Other ID Number: BD-21-1040-	1040 C-1040L-57550
		CONTRACT AMEN Enter Current Contract End Date <u>Prior</u> to Amendment Enter Amendment Amount: \$ (or "no chan AMENDMENT TYPE: (Check one option only. Attach Amendment to Date, Scope or Budget (Attach up Interim Contract (Attach justification for Interim Cor Contract Employee (Attach any updates to scope of Other Procurement Exception (Attach authorizing scope and budget)	:, 20 ge") n details of amendment changes.) dated scope and budget) ntract and updated scope/budget) or budget)
specific exemption or earmark, and exception justification, The Standard Contract Form Instructions and Contractor into this Contract and are legally binding: (Check ONE opt Services Commonwealth IT Terms and Conditions	Certifications and the fo	ollowing Commonwealth Terms and Conditions docum Terms and Conditions Commonwealth Terms and Conditions	ent are incorporated by reference litions For Human and Social
COMPENSATION: (Check ONE option): The Department cer in the state accounting system by sufficient appropriations or Rate Contract. (No Maximum Obligation) Attach details o Maximum Obligation Contract. Enter total maximum obligation	other non-appropriated fu f all rates, units, calculation	nds, subject to intercept for Commonwealth owed debts ur ons, conditions or terms and any changes if rates or terms	ider 815 CMR 9.00. are being amended.)
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1. may be incurred as of the Ellective Date (latest signature)	in the Effective Date belo	w and no obligations have been incurred prior to the Effective Date.	ctive Date.
3. were incurred as of <u>JULY 1</u> , 20 <u>20</u> , a date PRIOR to authorized to be made either as settlement payments or attached and incorporated into this Contract. Acceptance	the Effective Date below as authorized reimburser te of payments forever rel	, and the parties agree that payments for any obligations in ment payments, and that the details and circumstances of eases the Commonwealth from further claims related to th	ncurred prior to the Effective Date are all obligations under this Contract are ese obligations.
CONTRACT END DATE: Contract performance shall termi amended, provided that the terms of this Contract and perfo completing any negotiated terms and warranties, to allow any	rmance expectations and close out or transition pe	d obligations shall survive its termination for the purpose a formance, reporting, invoicing or final payments, or duri	of resolving any claim or dispute, for ng any lapse between amendments.
CERTIFICATIONS: Notwithstanding verbal or other represe Amendment has been executed by an authorized signatory of approvals. The Contractor certifies that they have access certifications required under the Standard Contract FormInst documentation upon request to support compliance, and incorporated by reference herein according to the following his Standard Contract Form Instructions and Contractor Certification by a Department as unacceptable, and additional negotiation costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: Date: (Signature and Date Must Be Handwritten At Time Print Name:	fthe Contractor, the Deped and reviewed all doructions and Contractor Cagrees that all terms gorierarchy of document pretions, the Request for Reted terms, provided that ed in 801 CMR 21.07, inc	artment, or a later Contract or Amendment Start Date specuments incorporated by reference as electronically pulsertifications under the pains and penalties of perjury, and everning performance of this Contract and doing busine cedence, the applicable Commonwealth Terms and Conditional Response (RFR) or other solicitation, the Contractor's Response additional negotiated terms will take precedence over the proporated herein, provided that any amended RFR or Response AUTHORIZING SIGNATURE FOR THE COMMONWART COMMON	cified above, subject to any required blished and the Contractor makes all urther agrees to provide any required ass in Massachusetts are attached or ions, this Standard Contract Form, he use (excluding any language stricken: the relevant terms in the RFR and the ionse terms result in best value, lower VEALTH:



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https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.i	mass.gov/iists/osd-iorms.	
CONTRACTOR LEGAL NAME: TOWN OF LEYDEN (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4):16 W LEYDEN RD BERNARDSTON, MA 01337-9737		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: GILDA GALVIS	Phone: 413-773-7932	Billing Address (if different):	
E-Mail: captaingalvis@hotmail.com	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191857		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COALEYDEN0000000	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-1	040C-1040L-57550
X NEW CONTRACT 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 AMEND Enter Current Contract End Date <u>Prior</u> to Amendment: Enter Amendment Amount: \$	details of amendment changes.) Iteled scope and budget) Fact and updated scope/budget) Budget) Inguage/justification and updated Intare incorporated by reference
into this Contract and are legally binding: (Check ONE option):Commonwealth Terms and Conditions \(\subseteq \) Commonwealth Terms and Conditions For Human and Social ServicesCommonwealth IT Terms and Conditions COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be support in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended). \$ 6,000.00. PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 20 days% PPD; Payment issued within 20 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 15 days% P			s of this Contract will be supported er 815 CMR 9.00. e being amended.) 6,000.00. esting accelerated payments must % 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); 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 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. 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 according to the part of this agreement, are to be funded from the total amount awarded under this agreement. This contract, once executed by both parties, will be treated as the sole in 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 re been triggered) and are intended	
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| Newww.macomptroller.org/forms | Forms are also posted at OSD Forms: https://www.macs.gov/lists/osd-forms.

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CONTRACTOR LEGAL NAME: TOWN OF LINCOLN		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
and d/b/a): _egal Address: (W-9, W-4): 16 LINCOLN RD 		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: Timothy Higgins	Phone: 781-259-8811	Billing Address (if different):		
E-Mail: higginst@lincolntown.org	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191858		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COALINCOLN000000		
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		
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date Prior to Amendment:, 20		
Statewide Contract (OSD or an OSD-designated Department		Enter Amendment Amount: \$ (or "no change")		
Collective Purchase (Attach OSD approval, scope, budget)	r **	AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)		
Department Procurement (includes all Grants - 815 CMR 2 Notice or RFR, and Response or other procurement suppo	ting documentation)	 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, so	ope, budget)	_ Contract Employee (Attach any updates to scope or b	oudget)	
Contract Employee (Attach Employment Status Form, score Other Procurement Exception (Attach authorizing language)	e, budget) e legislation with	Other Procurement Exception (Attach authorizing lar	iguage/justification and updated	
specific exemption or earmark, and exception justification, so	cope and budget)	scope and budget)		
The Standard Contract Form Instructions and Contractor C into this Contract and are legally binding: (Check ONE option Services Commonwealth IT Terms and Conditions	ertifications and the form): Commonwealth T	Ilowing Commonwealth Terms and Conditions documen ferms and Conditions ✓ Commonwealth Terms and Condition	t are incorporated by reference ons For Human and Social	
COMPENSATION (Cheek ONE ention): The Department certific	ies that navments for aut	horized performance accepted in accordance with the terms	of this Contract will be supported	
the state assembling austom by sufficient appropriations or of	her non-appropriated till	ins sliplect to intercept for Collinoliwealth owed debts unde	1 0 10 0 WILL 0.00.	
Rate Contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum oblig	all rates, units, calculatio	ns, conditions of terms and any changes in rates of terms are	5 being amonaoa.	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pa a PPD as follows: Payment issued within 10 days% PPD; % PPD. If PPD percentages are left blank, identify reason:	Payment issued within 1 ✓ agree to standard 45	5 days % PPD; Payment issued within 20 days // PPD; Payment is	D, Fayineit issued within oo days	
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maximum obligation of this contract. COAs are responsible for r ANTICIPATED START DATE: (Complete ONE option only) T	eturning this executed co	ntract by no later than June 30, 2021.	Contract obligations:	
1. may be incurred as of the Effective Date (latest signature	date below) and no obli	gations have been incurred prior to the Effective Date.	5	
2 may be incurred as of . 20 . a date LATER that	the Effective Date below	w and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
3. were incurred as of <u>JULY 1</u> , 20 20 , a date PRIOR to authorized to be made either as settlement payments or a attached and incorporated into this Contract. Acceptance	 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 as of <u>JUNE 30</u> , 20 21, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.				
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only it 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:	으 (FOIP) 의	X: (Signature and Date Must Be Handwritter Print Name: Print Title: And Control	At Time of Signature)	

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

https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.	mass.gov/lists/osd-torms.	
CONTRACTOR LEGAL NAME: TOWN OF LITTLETON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 37 SHATTUCK ST LITTLETON, MA 01460-1263		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: ASHLEY SHAHEEN	Phone: 978-540-2470	Billing Address (if different):	
E-Mail: ashaheen@littletonma.org	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191859		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD_001.		MMARS Doc ID(s): FY21COALITTLETON0000	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-1	040C-1040L-57550
X NEW CONTRACT 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) Dillowing Commonwealth Terms and Conditions document are incorporated by reference	
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 or Rate Contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum oblig PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pridentify a PPD as follows: Payment issued within 10 days?	ifies that payments for au other non-appropriated fur all rates, units, calculation gation for total duration of ayments are issued thro	thorized performance accepted in accordance with the term nds, subject to intercept for Commonwealth owed debts und ons, conditions or terms and any changes if rates or terms a fithis contract (or <i>new</i> total if Contract is being amended). \$ ugh EFT 45 days from invoice receipt. Contractors requires	ns of this Contract will be supported der 815 CMR 9.00. re being amended.) 20,952.00. esting accelerated payments must
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) 1. may be incurred as of the Effective Date (latest signatur2. may be incurred as of, 20, a date LATER tha 3. were incurred as of120_20, a date PRIOR to authorized to be made either as settlement payments or	The Department and Con- e date below) and <u>no</u> obli- n the Effective Date below, the Effective Date below, as authorized reimbursen e of payments forever reloate as of <u>JUNE 30</u> , mance expeciations and	tractor certify for this Contract, or Contract Amendment, that gations have been incurred <u>prior</u> to the Effective Date. w and <u>no</u> obligations have been incurred <u>prior</u> to the Effecti and the parties agree that payments for any obligations incoment payments, and that the details and circumstances of all eases the Commonwealth from further claims related to the: 20 21, with no new obligations being incurred after this claims are also as a small survive its termination for the purpose of all survive.	ve Date. curred prior to the Effective Date are lobligations under this Contract are se obligations. late unless the Contract is properly fresolving any claimor dispute, for
CERTIFICATIONS: Notwithstanding verbal or other represer Amendment has been executed by an authorized signatory of approvals. The Contractor certifies that they have accessed certifications required under the Standard Contract Form Instructions and Contract Form Instructions and Contract Form Instructions and Contractor Certification and Contractor Certification and Contractor Certification and Contractor Seesponse only if made using the process outline costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: Signature and Date Must Be Handwritten At Time Print Name: Print Title:	the Contractor, the Depart and reviewed all docuctions and Contractor Cigrees that all terms goverarchy of document precions, the Request for Resided terms, provided that din 801 CMR 21.07, inco	artment, or a later Contract or Amendment Start Date speci- suments incorporated by reference as electronically publi ertifications under the pains and penalties of perjury, and fu- rerning performance of this Contract and doing busines sedence, the applicable Commonwealth Terms and Condition sponse (RFR) or other solicitation, the Contractor's Response additional negotiated terms will take precedence over the proprorated herein, provided that any amended RFR or Response AUTHORIZING SIGNATURE FOR THE COMMONWE	fied above, subject to any required ished and the Contractor makes all rther agrees to provide any required is in Massachusetts are attached or ons, this Standard Contract Form, the se (excluding any language stricken e relevant terms in the RFR and the onse terms result in best value, lower than the consection of th



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https://www.macomptrofler.org/forms. Forms are also posted at	OSD Forms: https://www.i	Talss.gov/iisis/osd-iorns.	
CONTRACTOR LEGAL NAME: TOWN OF LONGMEADOW (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 20 WILLIAMS ST LONGMEADOW, MA 01106-1997		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: JAMES LEYDEN	Phone: 413-565-4150	Billing Address (if different):	
E-Mail: jleyden@longmeadow.org	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191861	29	E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COALONGMEADOW000	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-1040C-1040L-57550	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Atlach 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 (Atlach justification for emergency, scope, budget) Contract Employee (Atlach Employment Status Form, scope, budget) Other Procurement Exception (Atlach 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 options). Services Commonwealth IT Terms and Conditions	on):Commonwealth	Terms and Conditions <u>✓</u> Commonwealth Terms and Condition	ons For Human and Social
COMPENSATION: (Check ONE option): The Department cert in the state accounting system by sufficient appropriations or care Rate Contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum obligation	ther non-appropriated fur all rates, units, calculation	nds, subject to intercept for Commonwealth owed debts underns, conditions or terms and any changes if rates or terms and	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 71/1/20-6/30/21. 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 am maximum obligation of this contract. COAs are responsible for	ount awarded under this a returning this executed co	igreement. This contract, once executed by both parties, will I ntract 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 Contractor certify for this Contract, or Contract Amendment, that Contract obligations:			
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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:			

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

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mups//www.naconipiroller.org/lorins. Forms are also posted at	OSD Forms: https://www	v.mass.gov/lists/osd-forms.	
CONTRACTOR LEGAL NAME: CITY OF LOWELL (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 375 MERRIMACK ST LOWELL, MA 01852-5909		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: LILLIAN HARTMAN	Phone: 978-970-4131	Billing Address (if different):	
E-Mail: Ihartman@lowellma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000192108		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COALOWELL0000000	
(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
XNEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only)Statewide Contract (OSD or an OSD-designated Department)Collective Purchase (Attach OSD approval, scope, budget)Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation)Emergency Contract (Attach justification for emergency, scope, budget)Contract Employee (Attach Employment Status Form, scope, budget)Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		CONTRACT AMENDMENT Enter Current Contract End Date <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) llowing Commonwealth Terms and Conditions document are incorporated by reference	
Services Commonwealth IT Terms and Conditions	on):Commonwealth	Terms and Conditions <u>✓</u> Commonwealth Terms and Condition	ons For Human and Social
COMPENSATION: (Check ONE option): The Department certiin the state accounting system by sufficient appropriations or of a Rate Contract. (No Maximum Obligation) Attach details of a Maximum Obligation Contract. Enter total maximum obligation Contract.	ner non-appropriated fu all rates, units, calculatio ation for total duration o	nds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms are f this contract (or <i>new</i> total if Contract is being amended). \$ <u>1</u>	r 815 CMR 9.00. being amended.) 82,400.00.
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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifics 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: Signature and Date Must Be Handwritten At Time of Signature) X: Facult Godster. Date: 28 202 (Signature and Date Must Be Handwritten At Time of Signature)		: 2/8/2021 t Time of Signature)	
Print Name: Pr		Print Name: Reeliel Goldstein	

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https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.		
CONTRACTOR LEGAL NAME: TOWN OF LUDLOW (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 488 CHAPIN ST LUDLOW, MA 01056-2523		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: JODI ZEPKE	Phone: 413-583-3564	Billing Address (if different):	
E-Mail: jzepke@ludlow.ma.us	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191862		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD_001.		MMARS Doc ID(s): FY21COALUDLOW0000000	
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Contract Employee (Attach Employment Status Form, sco ✓ Other Procurement Exception (Attach authorizing langua	ge, legislation with	Other Procurement Exception (Attach authorizing	language/justification and updated
specific exemption or earmark, and exception justification,	scope and budget)	scope and budget)	
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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: _ 1. may be incurred as of the Effective Date (latest signature date below) and <u>no</u> obligations have been incurred <u>prior</u> to the Effective Date. _ 2. may be incurred as of, 20, a date LATER than the Effective Date below and <u>no</u> obligations have been incurred <u>prior</u> to the Effective Date. ✓ 3. were incurred as of <u>JULY 1</u> , 20 20, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.			
CONTRACT END DATE: Contract performance shall terminate as ofJUNE 30_, 20 21, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X:			

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

and Contracting

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

https://www.macomptroller.org/forms. Forms are also posted at OSD Forms: https://www.mass.gov/lists/osd-forms.			
CONTRACTOR LEGAL NAME: TOWN OF LUNENBURG (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 17 MAIN ST LUNENBURG, MA 01462-1484		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: SUSAN DOHERTY	Phone: 978-582-4166	Billing Address (if different):	
E-Mail: sdoherty@lunenburgonline.com	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191863		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COALUNENBURG0000	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-1040C-1040L-57550	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment:, 20	
Statewide Contract (OSD or an OSD-designated Departm		Enter Amendment Amount: \$ (or "no change")	
Collective Purchase (Attach OSD approval, scope, budge	t) Î	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 support	2.00) (Solicitation	Amendment to Date, Scope or Budget (Attach updated scope and budget)	
Emergency Contract (Attach justification for emergency, se	cope, budget)	Interim Contract (Attach justification for Interim Contra Contract Employee (Attach any updates to scope or b	
Contract Employee (Attach Employment Status Form, scop ✓ Other Procurement Exception (Attach authorizing language	ne, budget)	Other Procurement Exception (Attach authorizing lan	
specific exemption or earmark, and exception justification, s		scope and budget)	94494,12211124112
The Standard Contract Form Instructions and Contractor Control into this Contract and are legally binding: (Check ONE options and Conditions) Services Commonwealth IT Terms and Conditions			
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		nds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms are	
✓ Maximum Obligation Contract. Enter total maximum oblig	gation for total duration of	f this contract (or <i>new</i> total if Contract is being amended). \$ <u>2</u>	25,272.00.
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth paidentify a PPD as follows: Payment issued within 10 days% days% PPD. If PPD percentages are left blank, identify repayment (subsequent payments scheduled to support standard)	PPD; Payment issued wason: <u>✓</u> agree to star	rithin 15 days% PPD; Payment issued within 20 days% ndard 45 day cycle statutory/legal or Ready Payments (N	% PPD; Payment issued within 30
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant funding. The performance period for this award is 7/1/20-6/30/21. The municipality certifies that the funds will be used for COA activities, and will complete a final fiscal report accounting for how these grant funds were applied. All approved obligations incurred prior to the effective date of this agreement (for which payment obligations have been triggered) and are intended to be part of this agreement, are to be funded from the total amount awarded under this agreement. This contract, once executed by both parties, will be treated as the sole invoice for the maximum obligation of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021.			
ANTICIPATED START DATE: (Complete ONE option only) T	management by a second of the		ontract obligations:
1. may be incurred as of the Effective Date (latest signature date below) and <u>no</u> obligations have been incurred <u>prior</u> to the Effective Date2. may be incurred as of, 20, a date LATER than the Effective Date below and <u>no</u> obligations have been incurred <u>prior</u> to the Effective Date.			
2. They be incurred as of, 20, a date LATER than the Ellective Date below and incompositions have been incurred as of, 20, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.			
CONTRACT END DATE: Contract performance shall terminate as 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, 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: Yet Authorizing SIGNATURE FOR THE COMMONWEALTH:			
(X: // Date: Date: Date: Date:	71912 .		te:
(Signature and Date Must Be Handy/ritten At Time of Signature)		(Signature and Date Must Be Handwritten At Time of Signature) Print Name: Raellel Goldstein	
Print Name: Leather Lemmy.		Print Title:	

17-17

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 LYNNFIELD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 55 SUMMER ST LYNNFIELD, MA 01940-1861		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: LINDA NACCARA	Phone: 781-598-1078	Billing Address (if different):		
E-Mail: Inaccara_coa@hotmail.com	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191865	!	E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD_001.		MMARS Doc ID(s): FY21COALYNNFIELD0000		
(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				
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 signature date below) and no obligations have been incurred prior to the Effective Date				
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 Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X:				
Print Title: Town Administrator Print Title:				