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

https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.	mass.gov/lists/osd-forms.		
CONTRACTOR LEGAL NAME: CITY OF MALDEN (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 200 PLEASANT ST MALDEN, MA 02148-4884	Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		ON, MA 02108	
Contract Manager: KAREN COLON HAYES	Phone: 781-397-7000	Billing Address (if different):		
E-Mail: khayes@cityofmalden.org	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192110		E-Mail: STACEY,OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD_001.		MMARS Doc ID(s): FY21COAMALDEN0000000		
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-1	040 C-1040L-57550	
X NEW CONTRACT		CONTRACT AMEND		
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date <u>Prior</u> to Amendment:		
Statewide Contract (OSD or an OSD-designated Departm	ent)	Enter Amendment Amount: \$ (or "no change	0")	
Collective Purchase (Attach OSD approval, scope, budge		AMENDMENT TYPE: (Check one option only. Attach o	and the second of the second s	
Department Procurement (includes all Grants - 815 CMR Notice or RFR, and Response or other procurement supp		Amendment to Date, Scope or Budget (Attach upda		
Emergency Contract (Attach justification for emergency, s	cope, budget)	Interim Contract (Attach justification for Interim Contr Contract Employee (Attach any updates to scope or		
Contract Employee (Attach Employment Status Form, sco ✓ Other Procurement Exception (Attach authorizing langua)		Other Procurement Exception (Attach authorizing la	F 160, 100, 100, 100, 100, 100, 100, 100,	
specific exemption or earmark, and exception justification,		scope and budget)	ng dag o justilication and dipatica	
The Standard Contract Form Instructions and Contractor into this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions	Certifications and the fo			
compensation: (Check ONE option): The Department cert in the state accounting system by sufficient appropriations or care. (No Maximum Obligation) Attach details of	ther 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.)	
✓ Maximum Obligation Contract. Enter total maximum obligation.  ✓ Maximum Obligation Contract.  ✓ Maximum Obligation Cont	*/.			
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 we ason: ✓ agree to star	ithin 15 days % PPD; Payment issued within 20 days ndard 45 day cycle statutory/legal or Ready Payments (	% PPD; Payment issued within 30	
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant fun. 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 int to be part of this agreement, are to be funded from the total amount awarded under this agreement. This contract, once executed by both parties, will be treated as the sole invoice maximum obligation of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021.			ocation of available grant funding. final fiscal report accounting for e been triggered) and are intended be treated as the sole invoice for the	
ANTICIPATED START DATE: (Complete ONE option only) The Department and Con-		· · · · · · · · · · · · · · · · · · ·	Contract obligations:	
1. may be incurred as of the Effective Date (latest signature	date below) and <u>no</u> obliq	gations have been incurred <u>prior</u> to the Effective Date.	ra Data	
	he Effective Date below, as authorized reimbursem		rred prior to the Effective Date are obligations under this Contract are	
CONTRACT END DATE: Contract performance shall terminate as ofJUNE 30_, 20 21, with no new obligations being incurred after this date unless the Contract is provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispressing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amend			resolving any claim or dispute, for any lapse between amendments.	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this C 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 approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide an documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are at incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RF Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best vacosts, or a more cost effective Contract.			ed above, subject to any required shed and the Contractor makes all ther agrees to provide any required in Massachusetts are attached or as, this Standard Contract Form, the excluding any language stricken relevant terms in the RFR and the	
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:		AUTHORIZING SIGNATURE FOR THE COMMONWEA		
X:		X: <u>facual Gradition</u> . Da (Signature and Date Must Be Handwritten Print Name: Rachel Goldste	te: 2/8/2021 At Time of Signature)	
Print Title: Controller.	2)	Print Title: 40		

W

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are incorporated by reference herein. Additional non-confl https://www.macomptroller.org/forms. Forms are also posted at 0	licting terms may be ac	Ided by Attachment. Contractors are required to access mass.gov/lists/osd-forms.	s published forms at CTR Forms:
CONTRACTOR LEGAL NAME: TOWN OF MANCHESTER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): PO BOX 1492 MANCHESTER, MA 01944-0856		Business Mailing Address: 1 ASHBURTON PL BOST	ON, MA 02108
Contract Manager: NANCY HAMMOND	Phone: 978-526-7500	Billing Address (if different):	
E-Mail: hammondn@manchester.ma.us	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191866		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAMANCHESTER000	
(Note: The Address ID must be set up for EFT payments.)	9	RFR/Procurement or Other ID Number: BD-21-1040-10	040C-1040L-57550
		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)	
Notice or RFR, and Response or other procurement supporting Emergency Contract (Attach justification for emergency, so Contract Employee (Attach Employment Status Form, scop Other Procurement Exception (Attach authorizing language specific exemption or earmark, and exception justification, s	cope, budget) be, budget) ge, legislation with	Interim Contract (Attach justification for Interim Contract Contract Employee (Attach any updates to scope or I  Other Procurement Exception (Attach authorizing la scope and budget)	budget)
The Standard Contract Form Instructions and Contract of into this Contract and are legally binding: (Check ONE option Services Commonwealth IT Terms and Conditions	Certifications and the fo	Illowing Commonwealth Terms and Conditions documenterms and Conditions Commonwealth Terms and Conditions	nt are incorporated by reference ons For Human and Social
COMPENSATION: (Check ONE option): The Department certiin the state accounting systemby sufficient appropriations or one Rate Contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum obligation PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth page	ther non-appropriated fur all rates, units, calculation pation for total duration of	nds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms and if this contract (or <i>new</i> total if Contract is being amended). \$	e being amended.)  17,220.00.  esting 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 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)  BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant fund. The performance period for this award is 7/1/20-6/30/21. The municipality certifies that the funds will be used for COA activities, and will complete a final fiscal report accounting how these grant funds were applied. All approved obligations incurred prior to the effective date of this agreement (for which payment obligations have been triggered) and are interested 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			he Councils on Aging of the ocation of available grant funding. final fiscal report accounting for the 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:			ve Date. urred prior to the Effective Date are lobligations under this Contract are se 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 proper 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, completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendment			g any lapse between amendments.
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract and 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 recommendation approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor may certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any recommendation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attact incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract 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, provided that additional negotiated terms will take precedence over the relevant terms in the RFR at Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE CONTRACTOR:  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:			ished and the Contractor makes all rither agrees to provide any required is in Massachusetts are attached or ns, this Standard Contract Form, he is (excluding any language stricken is relevant terms in the RFR and the nse terms result in best value, lower EALTH:
AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X:			ate: 28 202 ( n At Time of Signature)

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https://www.masc.gov/lists/losd-forms.

COD TOTTIB. TREPS.//WWW.	mass.gov/lists/osd-forms.		
CONTRACTOR LEGAL NAME: TOWN OF MANSFIELD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
K ROW	Business Mailing Address: 1 ASHBURTON PL BOS	STON, MA 02108	
Phone: 508-261-7368	Billing Address (if different):		
Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
	E-Mail: STACEY,OCONNELL@MASS.GOV	Fax: 617-727-9368	
	MMARS Doc ID(s): FY21COAMANSFIELD0000		
	RFR/Procurement or Other ID Number: BD-21-1040-	1040C-1040L-57550	
RFR/Procurement or Other ID Number: BD-21-1040-1040C-1040L-57550   X NEW CONTRACT		ge")  I details of amendment changes.)  I details of amendment changes.)  I dated scope and budget)  I tract and updated scope/budget)  I budget)  I anguage/justification and updated  I be trace incorporated by reference  I itions For Human and Social  I ms of this Contract will be supported der 815 CMR 9.00.	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payment identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PP		resting accelerated payments must _% PPD; Payment issued within 30 s (M.G.L. c. 29, § 23A); only initial the Councils on Aging of the llocation of available grant funding. a final fiscal report accounting for the 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:			
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. The Department, or a later Contractor Amendment Start Date specified above, subject to any paper over the contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor or certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attain corporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE CONTRACTOR:  X:  (Signature and Date Must Be Handwritten At Time of Signature)  Print Name:  Print Name:  Print Title:  Print Title:  Print Title:  Print Title:  Print Title:			
	Phone: 508-261-7368  Fax:  nonly)  ment)  2.00) (Solicitation porting documentation)  scope, budget)  pe, budget)  ge, legislation with scope and budget)  Certifications and the folion):Commonwealth  tifies that payments for autother non-appropriated further fall rates, units, calculating gation for total duration of ayments are issued thrown ayments are issued thrown are serviced for the Acts of 2 municipality certifies that the incurred prior to the effective Date below the Effective Date below as authorized reimbursen the of payments forever relevant as ofUNE 30 remance expectations and contractor Control of the Contractor that the contractor control of the con	COMMONWEALTH DEPARTMENT NAME: EXECUTIVE MMARS Department Code:  Business Mailling Address: 1 ASHBURTON PL BOS  Phone: 508-261-7368  Billing Address (if different):  E-Mail: STACEY.OCONNELL@MASS.GOV  MMARS Doc ID(s): FY21COAMANSFIELD0000  RFR/Procurement or Other ID Number: BD-21-1040-  MARS Doc ID(s): FY21COAMANSFIELD0000  RFR/Procurement or Other ID Number: BD-21-1040-  Longing documentation)  and Commentation or Ding documentation or	

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# COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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 invoke terms) to the terms in this published formor to the Standard Contract Form Instructions and Contractor Certifications, the Commonwealth Terms and Conditions for Human and Social Services or the Commonwealth IT Terms and Conditions which are incorporated by reference herein. Additional non-conflicting terms may be added by Atlachment, Contractors are required to access published forms at CTR Forms:

https://www.macomptroller.org/forms. Forms are also posted at OSD Forms: https://www.mass.gov/flists/osd-forms,			
CONTRACTOR LEGAL NAME: TOWN OF MARBLEHEAD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 188 WASHINGTON ST MARBLEHEAD, MA 01945-3341		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: LISA J. HOOPER	Phone: 781-631-6737	Billing Address (if different):	
E-Mail: hooperl@marblehead.org	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191868	,	E-Mail: STACEY,OCONNELL@MASS,GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"); AD_001,		MMARS Doc ID(s): FY21COAMARBLEHEAD000	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-1040C-1040L-57550	
_XNEW CONTRACT  PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department)Collective Purchase (Altach OSD approval, scope, budget)Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Nolice or RFR, and Response or other procurement supporting documentation)Emergency Contract (Altach justification for emergency, scope, budget)Contract Employee (Altach Employment Status Form, scope, budget)Other Procurement Exception (Altach 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 charge")  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 larguage/justification and updated scope and budget)  Illowing Commonwealth Terms and Conditions document are Incorporated by reference	
into this Contract and are legally binding: (Check ONE option):Commonwealth Terms and Conditions \( \subseteq \text{Commonwealth Terms and Conditions} \) Commonwealth Terms and Conditions For Human and Social ServicesCommonwealth   IT Terms and Conditions    COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be support in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)  \( \subseteq \text{Maximum Obligation Contract}. \) Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended). \$\frac{59,040.00}{0.00}.\$			s of this Contract will be supported er 815 CMR 9.00. e being amended.)
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments identify a PPD as follows: Payment issued within 10 days% PPD; Payment Issued within 15 days% PPD; Payment issued within 20 days%			% PPD; Payment Issued within 30 M.G.L. c. 29, § 23A); only initial ne Councils on Aging of the ocation of available grant funding. final fiscal report accounting for a 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 Arrendment, that Contract obligations:			e Date,  irred prior to the Effective Date are obligations under this Contract are e obligations, te unless the Contract is properly resolving any claimor dispute, for
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any requir approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any requir documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language strick by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and to Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lov costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE CONTRACTOR:  X:   X:   X:   X:   X:   X:   X:   X			ed above, subject to any required shed and the Contractor makes all her agrees to provide any required in Massachusetts are attached or is, this Standard Contract Form, he (excluding any language stricken relevant terms in the RFR and the ise terms result in best value, lower ALTH:  At Time of Signature)



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https://www.macomptroller.org/lorins. Forms are also posted at	OSD FOITIS, ITUPS,//WWW.i	1233.goviilabio3d-lottib.	
CONTRACTOR LEGAL NAME: TOWN OF MARION (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 2 SPRING ST MARION, MA 02738-1519		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: KAREN GREGORY	Phone: 508-748-3570	Billing Address (if different):	
E-Mail: kgregory@marionma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191869		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAMARION0000000	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	40C-1040L-57550
X NEW CONTRACT		CONTRACT AMEND	
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date Prior to Amendment:	
Statewide Contract (OSD or an OSD-designated Departm		Enter Amendment Amount: \$ (or "no change	
Collective Purchase (Attach OSD approval, scope, budge	t)	AMENDMENT TYPE: (Check one option only. Attach d Amendment to Date, Scope or Budget (Attach upda	
Department Procurement (includes all Grants - 815 CMR Notice or RFR, and Response or other procurement supp		Amendment to Date, Scope or Budget (Alach upda Interim Contract (Atlach justification for Interim Contra	
Emergency Contract (Attach justification for emergency, s	cope, budget)	Contract Employee (Attach any updates to scope or t	
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 foon): Commonwealth	ollowing Commonwealth Terms and Conditions documer Terms and Conditions <u>✓</u> Commonwealth Terms and Conditi	ntare incorporated by reference ons For Human and Social
COMPENSATION: (Check ONE option): The Department cert in the state accounting system by sufficient appropriations or of	ifies that payments for au	thorized performance accepted in accordance with the terms	of this Contract will be supported or 815 CMR 9.00.
Rate Contract. (No Maximum Obligation) Attach details of	fall rates, units, calculation	ons, conditions or terms and any changes if rates or terms are	e being amended.)
✓ Maximum Obligation Contract. Enter total maximum obli			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth p.	ayments are issued thro	ugh EFT 45 days from invoice receipt. Contractors reque	sting accelerated payments must
identify a PPD as follows: Payment issued within 10 days days% PPD. If PPD percentages are left blank, identify r	% PPD; Payment issued w	rithin 15 days% PPD; Payment issued within 20 days ndard 45 day cyclestatutory/legal or Ready Payments (	% PPD; Payment issued within 30 M.G.L. c. 29. § 23A): only initial
payment (subsequent payments scheduled to support standard EFT 45 day payment cycle.		cycle. See Prompt Pay Discounts Policy.)	
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDME municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 20 The performance period for this award is 7/1/20-6/30/21. The municipality certifies that the how these grant funds were applied. All approved obligations incurred prior to the effective		020. The award amount is determined by a census-based alone funds wil be used for COA activities, and wil complete a veed this agreement (for which payment obligations hav	ocation of available grant funding. final fiscal report accounting for e been triggered) and are intended
to be part of this agreement, are to be funded from the total am maximum obligation of this contract. COAs are responsible for	ount awarded underthis a returning this executed co	agreement. This contract, once executed by both parties, will I intract by no later than June 30, 2021.	be treated as the sole invoice for the
ANTICIPATED START DATE: (Complete ONE option only)	The Department and Con	tractor certify for this Contract, or Contract Amendment, that	Contract obligations:
1. may be incurred as of the Effective Date (latest signature	e date below) and <u>no</u> obli	gations have been incurred prior to the Effective Date.	D-1-
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>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	as authorized reimburser	and the palues agree that payments for any obligations inco- nent payments, and that the details and circumstances of all eases the Commonwealth from further claims related to thes	obligations under this Contract are
CONTRACT END DATE: Contract performance shall termin	nate as of JUNE 30	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 close out or transition pe	l obligations shall survive its termination for the purpose of rformance, reporting, invoicing or final payments, or during	resolving any claim or dispute, for any lapse between amendments.
CERTIFICATIONS: Notwithstanding verbal or other represen	ntations by the parties, the	"Effective Date" of this Contract or Amendment shall be	the latest date that this Contract or
Amondment has been executed by an authorized signatory of	the Contractor the Dena	artment, or a later Contract or Amendment Start Date specifi	ed above, subject to any required
approvals. The Contractor certifies that they have accesse certifications required under the Standard Contract Form Instr	ed and reviewed all doc	suments incorporated by reference as electronically public entifications under the pains and penalties of periury, and fur	ther agrees to provide any required
documentation upon request to support compliance, and a	grees that all terms gov	erning performance of this Contract and doing business	in Massachusetts are attached or
incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract F Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language			ns, this Standard Contract Form, he e (excluding any language stricken
by a Department as unacceptable, and additional penotiated terms provided that additional negotiated terms will take precedence over the relevant terms in the RFI		relevant terms in the RFR and the	
Contractor's Response only if made using the process outline	ed in 801 CMR 21.07, inco	prporated herein, provided that any amended RFR or Respon	nse terms result in best value, lower
costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	1 .	I AUTHORIZING SIGNATURE FOR THE COMMONWE	ΔI TH:
	1/20/20	TO THE SHALL THE	3-11-21
X:	e of Signature)	X: Signature and Date Must Be Handwritten	At Time of Signature)
Print Name: Sames MC Grant	- Joignaturo)	Print Name: KCOU CONNEE	14
Print Title: Town Admin		Print Title:	Vicionnting
( )	(Updated 6/3	10/20) Page 1 of 1 and Cont	racting
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This form is jointly issued and published by the Office of the Comptoller (CTR), the Executive Office for Administration and Finance (ANF), and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published 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.mourtpler.cr//forms. Forms are also posted at OSD Forms: https://www.macs.gov/lists/osd-forms.

https://www.macomptroller.org/forms. Forms are also posted at OSD Forms: https://www.mass.gov/lists/osd-forms.				
CONTRACTOR LEGAL NAME: CITY OF MARLBOROUGH (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
egal Address: (W-9, W-4): 140 MAIN ST MARLBOROUGH, MA 01752-3812  Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		ON, MA 02108		
Contract Manager: TRISH POPE	Phone: 508-485-6492	Billing Address (if different):		
E-Mall: ppope@marlborough-ma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192112		E-Mail: STACEY,OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD_001,		MMARS Doc ID(s): FY21COAMARLBOROUGH00		
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	40C-1040L-57550	
X NEW CONTRACT		CONTRACT AMEND		
PROCUREMENT OR EXCEPTION TYPE: (Check one option		Enter Current Contract End Date <u>Prior</u> to Amendment:, 20		
Statewide Contract (OSD or an OSD-designated DepartmCollective Purchase (Altach OSD approvat scope, budge	ent)	Enler Amendment Amount: \$, (or "no change' AMENDMENT TYPE: (Check one option only, Attach d		
Department Procurement (includes all Grants - 815 CMR)	2.00) (Solicitation	Amendment to Date, Scope or Budget (Allach update		
Notice or RFR, and Response or other procurement supp	orling documentation)	Interim Contract (Atlach Justification for Interim Contra		
Emergency Contract (Atlach Justification for emergency, s Contract Employee (Atlach Employment Status Form, sco		Contract Employee (Attach any updates to scope or b		
Other Procurement Exception (Atlach authorizing langua specific exemption or earmark, and exception justification,	ge, legislation with	<ul> <li>Other Procurement Exception (Attach authorizing lar scope and budget)</li> </ul>	nguage/justification and updated	
The Standard Contract Form Instructions and Contractor Into this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions	Certifications and the fo	ollowing Commonwealth Terms and Conditions document Terms and Conditions ✓ Commonwealth Terms and Conditions	itare incorporated by reference ons For Human and Social	
COMPENSATION: (Check ONE option): The Department cert	ifies that navments for au	thorized performance accorded in accordance with the terms	of this Contract will be supported	
in the state accounting system by sufficient appropriations or o	other non-appropriated fun	nds, subject to Intercept for Commonwealth owed debts unde	er 815 CMR 9.00.	
Rate Contract, (No Maximum Obligation) Attach details of	all rates, units, calculation	ns, conditions or terms and any changes If rates or terms are	being amended.)	
✓ Maximum Obligation Contract. Enter total maximum obli				
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth paidentify a PPD as follows: Payment Issued within 10 days days% PPD. If PPD percentages are left blank, Identify re	6 PPD: Payment issued w	ithin 15 days % PPD; Payment issued within 20 days	% PPD; Payment issued within 30	
payment (subsequent payments scheduled to support standard EFT 45 day payment		cycle. See Prompt Pay Discounts Policy.)		
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how these grant funds were applied. All approved obligations i	ncurred prior to the effective	ve date of this agreement (for which payment obligations have	been triggered) and are intended	
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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:		Contract obligations:		
1. may be incurred as of the Effective Date (latest signature	adate below) and no obliq	gations have been incurred <u>prior</u> to the Effective Date,		
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 Dale.	
3. were incurred as of <u>JULY1</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	as authorized reimbursem	and the parties agree that payments for any obligations incu rent payments, and that the details and circumstances of all c rases the Commonwealth from further claims related to these	obligations under this Contract are	
CONTRACT END DATE: Contract performance shall termin	ate as of JUNE 30	20,21, with no new obligations being incurred after this da	te unless the Contract is properly	
amended, provided that the terms of this Contract and perform completing any negotiated terms and warrantles, 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 represen	lations by the parties, the	"Effective Date" of this Contract or Amendment shall be the	ne latest date that this Contract or	
Amendment has been executed by an authorized signatory of approvals. The Contractor certifies that they have accesse	the Contractor, the Depart	riment, or a later Contract or Amendment Start Date specific	hed and the Contractor makes all	
certifications required under the Standard Contract Form Instru	uctions and Contractor Ce	ertifications under the pains and penalties of perjury, and furti	her agrees to provide any required	
documentation upon request to support compliance, and agrees that all terms gover		erning performance of this Contract and doing business	in Massachusells are attached or	
Incorporated by reference herein according to the following hierarchy of document precedulations and Contract Form Instructions and Contractor Certifications, the Request for Responsitions are contracted to the contract Form Instructions and Contractor Certifications, the Request for Responsition and Contractor Certifications.		ponse (RFR) or other solicitation, the Contractor's Response	(excluding any language stricken	
by a Department as unacceptable, and additional negotiate Contractor's Response only if made using the process outlined	ed terms, provided that a	additional negotiated terms will take precedence over the r	relevant terms in the RFR and the	
costs, or a more cost effective Contract		AUTHODIZING CIGNATURE FOR THE COMMONWEA	I TÜC	
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	Jaki	AUTHORIZING SIGNATURE FOR THE COMMONWEA	2/8/2021	
X: Signature and Date Must Be Handwritten At Time	of Signature)	X: falled Guldster, Da (Signature and Date Must Be Handwritten) Print Name: Raevel Goldste	te:	
Print Name: Arthur Vigeont		Print Name: Kaehel Goldsto	40	
Drint Title: Mark	,	Print Title:	2	

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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 formor to the Standard Contract Form Instructions and Contractor Certifications, the Commonwealth Terms and Conditions for Human and Social Services or the Commonwealth IT Terms and Conditions which are incorporated by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access published forms at CTR Forms: https://www.macomptroller.org/forms. Forms are also posted at OSD Forms: https://www.macs.gov/lists/osd-forms.

CONTRACTOR LEGAL NAME: TOWN OF MARSHFIELD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 870 MORAINE ST MARSHFIELD, MA 02050-3498		Business Mailing Address: 1 ASHBURTON PL BOST	ON, MA 02108	
Contract Manager: CAROL C. HAMILTON	Phone: 781-834-5581	Billing Address (if different):		
E-Mail: chamilton@townof marshfield.org	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191870		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAMARSHFIELD000	I	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	040 C-1 040 L-57550	
X NEW CONTRACT		CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check one option	n only)	Enter Current Contract End Date Prior to Amendment:		
Statewide Contract (OSD or an OSD-designated Departm		Enter Amendment Amount: \$ (or "no change		
Collective Purchase (Attach OSD approval, scope, budge Department Procurement (includes all Grants - 815 CMR		AMENDMENT TYPE: (Check one option only, Attach d		
Notice or RFR, and Response or other procurement supp		Amendment to Date, Scope or Budget (Attach upda Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for emergency, s		Contract Employee (Attach any updates to scope or t		
Contract Employee (Attach Employment Status Form, sco ✓ Other Procurement Exception (Attach authorizing langua)		Other Procurement Exception (Attach authorizing la		
specific exemption or earmark, and exception justification,	scope and budget)	scope and budget)		
The Standard Contract Form Instructions and Contractor of into this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions				
COMPENSATION: (Check ONE option): The Department cert in the state accounting system by sufficient appropriations or care	other non-appropriated fur all rates, units, calculation	nds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms are	er 815 CMR 9.00. e being amended.)	
✓ Maximum Obligation Contract. Enter total maximum oblig	gation for total duration of	this contract (or <b>new</b> total if Contract is being amended). \$ _	<u>61,716.00.</u>	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pa				
identify a PPD as follows: Payment issued within 10 days9 days% PPD. If PPD percentages are left blank, identify re	6 PPD; Payment issued w	ithin 15 days % PPD; Payment issued within 20 days	% PPD; Payment issued within 30	
payment (subsequent payments scheduled to support standa			W.O.E. 0. 20, § 20/9, Only linear	
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant further performance period for this award is 7/1/20-6/30/21. The municipality certifies that the funds will be used for COA activities, and will complete a final fiscal report account how these grant funds were applied. All approved obligations incurred prior to the effective date of this agreement (for which payment obligations have been triggered) and are 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 maximum obligation of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021.			cation of available grant funding. inal fiscal report accounting for been triggered) and are intended	
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:			Contract obligations:	
1. may be incurred as of the Effective Date (latest signature	date below) and <u>no</u> oblig	gations have been incurred prior to the Effective Date.	- D-4-	
2. may be incurred as of, 20, a date LATER than 3. were incurred as of <u>JULY 1</u> , 20 <u>20</u> , a date PRIOR to to				
authorized to be made either as settlement payments or a	as authorized reimbursem	ent payments, and that the details and circumstances of all ases the Commonwealth from further claims related to these	obligations under this Contract are	
CONTRACT END DATE: Contract performance shall termin				
amended, provided that the terms of this Contract and perfore completing any negotiated terms and warranties, to allow any	mance expectations and	obligations shall survive its termination for the purpose of	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language strict by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, localized terms will be the contractor's Response terms result in best value, localized terms are successed and reviewed all documents incorporated herein, provided that any amended RFR or Response terms result in best value, localized terms are successed and reviewed all documents and reference of this contractor of the contrac			ed above, subject to any required hed and the Contractor makes all her agrees to provide any required in Massachusetts are attached or s, this Standard Contract Form, he e (excluding any language stricken relevant terms in the RFR and the	
costs, or a more cost effective Contract.	•			
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:		AUTHORIZING SIGNATURE FOR THE COMMONWEA	LTH:	
X: (Signature and Date Must Be Handwritten At Time	<i>1-                                    </i>	X: (S)gr)ature and Date Must Be Handwritten	te: 6   10   10   10   10   10   10   10	
Print Name Michael Maresco Print Title Town Administrator		Print Name: Print Titles Print Titles	From the A	
Print Title: Town Administrator		Print Titles	ins of the	
	(Updated 6/30	0/20) Page 1 of 1		

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Thips://www.macompiroller.org/lorns. Forms are also posted at	OSD FOITIS. Https://www.	mass.gov/lists/osu-lorms.	
		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4):16 GREAT NECK RD N MASHPEE, MA 02649-2528		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: LYNNE WATERMAN	Phone: 508-539-1440	Billing Address (if different):	
E-Mail: lwaterman@mashpeema.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191871		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAMASHPEE000000	The second secon
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	040C-1040L-57550
X NEW CONTRACT		CONTRACT AMENDI	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	
Statewide Contract (OSD or an OSD-designated Departm		Enter Amendment Amount: \$ (or "no change"	")
Collective Purchase (Attach OSD approval, scope, budge Department Procurement (includes all Grants - 815 CMR)		AMENDMENT TYPE: (Check one option only. Attach d	
Notice or RFR, and Response or other procurement support		Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contract)	
Emergency Contract (Attach justification for emergency, s		Contract Employee (Attach any updates to scope or b	
<ul> <li>Contract Employee (Attach Employment Status Form, scoper Other Procurement Exception (Attach authorizing language)</li> </ul>	ge, legislation with	Other Procurement Exception (Attach authorizing lar	-0000 <del>00</del> 000
specific exemption or earmark, and exception justification, s	scope and budget)	scope and budget)	
The Standard Contract Form Instructions and Contractor C into this Contract and are legally binding: (Check ONE opti- Services Commonwealth IT Terms and Conditions	certifications and the footing: Commonwealth 1	Illowing Commonwealth Terms and Conditions documen Ferms and Conditions <u>&lt;</u> Commonwealth Terms and Condition	tare incorporated by reference ons For Human and Social
COMPENSATION: (Check ONE option): The Department cert	fies that payments for au	thorized performance accepted in accordance with the terms	of this Contract will be supported
in the state accounting system by sufficient appropriations or o Rate Contract. (No Maximum Obligation) Attach details of	ther non-appropriated fun all rates, units, calculation	ids, subject to intercept for Commonwealth owed debts unde	r 815 CMR 9.00.
✓ Maximum Obligation Contract. Enter total maximum oblig	ation for total duration of	this contract (or <b>new</b> total if Contract is being amended). \$ 5	52,488.00.
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pa	vments are issued throu	ugh EFT 45 days from invoice receipt Contractors reques	sting accelerated payments must
identify a PPD as follows: Payment issued within 10 days%	PPD; Payment issued wi	ithin 15 days % PPD; Payment issued within 20 days	% PPD: Payment issued within 30
days% PPD. If PPD percentages are left blank, identify reason:agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
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	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	v and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	Date.
✓ 3. were incurred as of JULY 1, 20 20 , a date PRIOR to the second	ne Effective Date below.	and the parties agree that payments for any obligations incur	red prior to the Effective Date are
authorized to be made either as settlement payments or a	s authorized reimbursem	ent payments, and that the details and circumstances of all o ases the Commonwealth from further claims related to these	bligations under this Contract are
CONTRACT END DATE: Contract performance shall termina			
amended, provided that the terms of this Contract and perform	nance expectations and	obligations shall survive its termination for the nurnose of r	esolving any claim or dispute for
completing any negotiated terms and warranties, to allow any o	lose out or transition per	formance, reporting, invoicing or final payments, or during a	any lapse between amendments.
CERTIFICATIONS: Notwithstanding verbal or other represent	ations by the parties, the	"Effective Date" of this Contract or Amendment shall be the	e latest date that this Contract or
Amendment has been executed by an authorized signatory of tapprovals. The Contractor certifies that they have accessed	he Contractor, the Depar	rtment, or a later Contract or Amendment Start Date specifie	d above, subject to any required
certifications required under the Standard Contract Form Instru	ctions and Contractor Ce	etifications under the pains and penalties of periury, and furth	ner 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 negotiate	d terms, provided that a	additional negotiated terms will take precedence over the r	elevant terms in the RFR and the
Contractor's Response only if made using the process outlined costs, or a more cost effective Contract.	In 801 CIVIR 21.07, Incor	porated nerein, provided that any amended RFR or Respons	e terms result in best value, lower
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	/ / / 1	AUTHORIZING SIGNATURE FOR THE COMMONWEAR	LTH:
, Date:	1/26/2021	x: Leady (engly, Dat	3-11-21
Signature and Date Must Be Handwritten At Time	of <sup>8</sup> Signature)	(Signature and Date Must Be Handwritten A	
Rint Name: RODNEY C. COLLINS.		Print Name: PANY DANGERY	-A commenting
Print Title: TOWN MANAGER.		Print Title:	Hulling
	(Updated 6/30	(/20) Page 1 of 1	racting of



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https://www.macomptroller.org/forms. Forms are also posted at OSD Forms: https://www.mass.gov/lists/osd-forms.			
CONTRACTOR LEGAL NAME: TOWN OF MATTAPOISETT (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): PO BOX 433 MATTAPOISETT, MA 02739-043	3	Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: JACQUELINE COUCCI	Phone: 508-758-4110	Billing Address (if different):	
E-Mail: coadirector@mattapoisett.net	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191873	8	E-Mail: STACEY,OCONNELL@MASS,GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAMATTAPOISETT0	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	40C-1040L-57550
X NEW CONTRACT  PROCUREMENT OR EXCEPTION TYPE: (Check one option only)  Statewide Contract (OSD or an OSD-designated Department)  Collective Purchase (Attach OSD approval, scope, budget)  Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation)  Emergency Contract (Attach justification for emergency, scope, budget)  Contract Employee (Attach Employment Status Form, scope, budget)  Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		CONTRACT AMENDMENT  Enter Current Contract End Date <u>Prior</u> to Amendment:, 20  Enter Amendment Amount: \$ (or "no change")  AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) Amendment to Date, Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget) Contract Employee (Attach any updates to scope or budget) Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)	
The Standard Contract Form Instructions and Contractor Cinto 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 compensation. Attach details of Maximum Obligation. Attach details of Maximum Obligation Contract. Enter total maximum obligation.	ther non-appropriated fur all rates, units, calculatio	ids, subject to intercept for Commonwealth owed debts under ns, conditions or terms and any changes if rates or terms are	er 815 CMR 9.00. e being amended.)
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth paidentify a PPD as follows: Payment issued within 10 days% days% PPD. If PPD percentages are left blank, identify repayment (subsequent payments scheduled to support standard)	b PPD; Payment issued we eason: _✓_agree to star ard EFT 45 day payment	ithin 15 days % PPD; Payment issued within 20 days ndard 45 day cycle statutory/legal or Ready Payments (I cycle. See Prompt Pay Discounts Policy.)	% PPD; Payment issued within 30 M.G.L. c. 29, § 23A); only initial
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or F municipalities of the Commonwealth, as appropriated in the Charles performance period for this award is 7/1/20-6/30/21. The n how these grant funds were applied. All approved obligations in to be part of this agreement, are to be funded from the total ammaximum obligation of this contract. COAs are responsible for the contract.	apter 227 of the Acts of 20 nunicipality certifies that th ncurred prior to the effective ount awarded under this a	020. The award amount is determined by a census-based allone funds will be used for COA activities, and will complete a five date of this agreement (for which payment obligations have greement. This contract, once executed by both parties, will be a contract.	cation of available grant funding. inal fiscal report accounting for been triggered) and are intended
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:		Contract obligations:	
1. may be incurred as of the Effective Date (latest signature date below) and <u>no</u> obligations have been incurred <u>prior</u> to the Effective Date2. may be incurred as of, 20, a date LATER than the Effective Date below and <u>no</u> obligations have been incurred <u>prior</u> to the Effective Date			rred prior to the Effective Date are obligations under this Contract are 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 properl 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.			resolving any claim or dispute, for
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any requi 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 requi documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Contitions, this Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language strict by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, locosts, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE CONTRACTOR:  AUTHORIZING SIGNATURE FOR THE CONTRACTOR:			ed above, subject to any required hed and the Contractor makes all her agrees to provide any required in Massachusetts are attached or s, this Standard Contract Form, he (excluding any language stricken relevant terms in the RFR and the se terms result in best value, lower LTH:
	of Signature)	X: (Signature and Date Must Be Handwritten	

W.Cl

Print Title:

Print Title: TOWN ADMINISTRATOR

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

COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Billing Address (if different):		
Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
MMARS Doc ID(s): FY21COAMAYNARD000000		
RFR/Procurement or Other ID Number: BD-21-1049-1	D40C-1040L-57550	
CONTRACT AMENDMENT  Enter Current ContractEnd 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 (Allach 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)		
Terms and Conditions ✓ Commonwealth Terms and Conditi	ons For Human and Social	
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  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). \$ 22,596.00.  PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 30 days% PPD; Payment		
days% PPD. If PPD percentages are left blank, identify reason:v agree to standard 45 day cyclestatutory/legal or Ready Payment (MGL. c. 29, § 23A);only init 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 Cormonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant funding The performance period for this award is 71/120-6/30/21. The nunicipality certifies that the funds will be used for COA activities, and will complete a final fiscal report accounting to 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 contract. COAs are responsible for returning this executed contract by no later than June 30, 2021.		
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: 1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date. 2. may be incurred as of, 20, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date. 3. were incurred as of, 20, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date and 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 and 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 appropriate that the details are contract the contract this date unless the Contract is properly appropriated to the second and the contract the co		
normance, reporting, involcing or final payments, or during	any lapse between amendments.	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifications that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pairs and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language strick by a Department as unacceptable, and additional negotiated terms will take precedence over the relevant terms in the RFR and to Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, low costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X:		
	Business Mailing Address: 1 ASHBURTON PL BOST  Billing Address (if different):  Contract Manager: STACEY ANNE OCONNELL  E-Mail: STACEY.OCONNELL@MASS.GOV  MMARS Doc ID(s): FY21COAMAYNARD000000  RFR/Procurement or Other ID Number: BD-21-1040-41	

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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 formor to the Standard Contract Form Instructions and Contractor Certifications, the Commonwealth Terms and Conditions for Human and Social Services or the Commonwealth IT Terms and Conditions which are incorporated by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access published forms at CTR Forms: https://www.macomptroller.org/forms. Forms are also posted at OSD Forms: https://www.mass.gov/lists/osd-forms.

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CONTRACTOR LEGAL NAME: TOWN OF MEDFIELD (and dib/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code;		
Legal Address: (W-9, W-4): 459 MAIN ST MEDFIELD, MA 02052-2009			TON, MA 02108	
Contract Manager: ROBERTA LYNCH	Phone: 508-359-3665	Billing Address (if different):		
E-Mail: medfieldcoa@hotmail.com	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191876		E-Mail: STACEY,OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD_001.		MMARS Doc ID(s): FY21COAMEDFIELD00000		
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-1	040 C-1040L-57550	
X NEW CONTRACT		CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date Prior to Amendment:		
Statewide Contract (OSD or an OSD-designated Departm	ent)	Enter Amendment Amount: \$ (or "no change")		
Collective Purchase (Attach OSD approval, scope, budge Department Procurement (includes all Grants - 815 CMR		AMENDMENT TYPE: (Check one option only, Attach o		
Notice or RFR, and Response or other procurement support		Amendment to Date, Scope or Budget (Attach upda Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for emergency, s		Contract Employee (Attach any updates to scope or I		
Contract Employee (Attach Employment Status Form, scop ✓ Other Procurement Exception (Attach authorizing language	pe, budget) de. legislation with	Other Procurement Exception (Attach authorizing la		
specific exemption or earmark, and exception justification, s	scope and budget)	scope and budget)		
The Standard Contract Form Instructions and Contractor C into this Contract and are legally binding: (Check ONE opti- Services Commonwealth IT Terms and Conditions	Certifications and the fo on):Commonwealth	Illowing Commonwealth Terms and Conditions documer 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 o Rate Contract. (No Maximum Obligation). Attach details of Maximum Obligation Contract. Enter total maximum oblig	ther non-appropriated fur all rates, units, calculation	nds, subject to intercept for Commonwealth owed debts under this, conditions or terms and any changes if rates or terms are	er 815 CMR 9.00. e being amended.)	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 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 i payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)  BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant funding The performance period for this award is 7/1/20-6/30/21. The municipality certifies that the funds will be used for COA activities, and will complete a final fiscal report accounting how these grant funds were applied. All approved obligations incurred prior to the effective date of this agreement (for which payment obligations have been triggered) and are intent to be part of this agreement, are to be funded from the total amount awarded under this agreement. This contract, once executed by both parties, will be treated as the sole invoice for maximum obligation of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021.			% PPD; Payment issued within 30 M.G.L. c. 29, § 23A);only initial the Councils on Aging of the pocation of available grant funding. Final fiscal report accounting for been triggered) and are intended	
ANTICIPATED START DATE: (Complete ONE option only) T			Contract obligations:	
1. may be incurred as of the Effective Date (latest signature	date below) and no oblig	gations have been incurred prior to the Effective Date.	5.	
	ne Effective Date below, is authorized reimbursem	vana <u>no</u> obligations have been incurred <u>prior</u> to the Effective and the parties agree that payments for any obligations incu ent payments, and that the details and circumstances of allo ases the Commonwealth from further claims related to these	rred prior to the Effective Date are obligations under this Contract are	
CONTRACT END DATE: Contract performance shall termin amended, provided that the terms of this Contract and perform completing any negotiated terms and warranties, to allow any of	nance expectations and close out or transition per	obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during	resolving any claimor dispute, for any lapse between amendments.	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date the Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subjet 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 predocumentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachuse incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result it costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE—FOR THE COMMONWEALTH:  X:  Date:    Date:			ad above, subject to any required hed and the Contractor makes all her agrees to provide any required in Massachusetts are attached or s, this Standard Contract Form, he e (excluding any language stricken relevant terms in the RFR and the se terms result in best value, lower LTH:	
Print Name: Knitve The weiler.	or orginaturo/	Print Name: Kalhel Golds-	tun digitature)	
Print Title: Ton Administrator.		Print Title:		

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https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www	.mass.gov/lists/osd-forms.		
CONTRACTOR LEGAL NAME: CITY OF MEDFORD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 85 GEORGE P HASSETT DR MEDFORD, MA 02155-3200			ON, MA 02108	
Contract Manager: PAMELA KELLY	Phone: 781-396-6010	Billing Address (if different):		
E-Mail: pkelly@medford-ma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192114		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAMEDFORD000000	A CONTROL OF THE PARTY OF THE P	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	D40C-1040L-57550	
_X NEW CONTRACT  PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department)Collective Purchase (Attach OSD approval, scope, budget)Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation)Emergency Contract (Attach justification for emergency, scope, budget)Contract Employee (Attach Employment Status Form, scope, budget)Other Procurement Exception (Attach authorizing language, legislation with		CONTRACT AMENDMENT  Enter Current Contract End Date Prior to Amendment:, 20  Enter Amendment Amount: \$, (or "no change")  AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)  Amendment to Date, Scope or Budget (Attach updated scope and budget)  Interim Contract (Attach justification for Interim Contract and updated scope/budget)  Contract Employee (Attach any updates to scope or budget)  Other Procurement Exception (Attach authorizing language/justification and updated		
specific exemption or earmark, and exception justification, so The Standard Contract Form Instructions and Contractor C	Contract Con	scope and budget)	stare incorporated by reference	
into this Contract and are legally binding: (Check ONE option Services Commonwealth IT Terms and Conditions	on):Commonwealth	Terms and Conditions <u>Commonwealth</u> Terms and Condition	ons For Human and Social	
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting systemby sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended). \$\frac{137,100.00}{137,100.00}.  PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 3 days% PPD. If PPD percentages are left blank, identify reason:✓_agree to standard 45 day cyclestatutory/legal or Ready Payments (M.G.L. c. 29, § 23A);only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)  BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant funding. The performance period for this award is 7/1/20-6/30/21. The municipality certifies that the funds will be used for COA activities, and will complete a final fiscal report accounting for how these grant funds were applied. All approved obligations incurred prior to the effective date of this agreement (for which payment obligations have been triggered) and are intended.			er 815 CMR 9.00. e being amended.) 137,100.00. sting accelerated payments must % PPD; Payment issued within 30 M.G.L. c. 29, § 23A); only initial e Councils on Aging of the cation of available grant funding. inal fiscalreport accounting for	
maximum obligation of this contract. COAs are responsible for re ANTICIPATED START DATE: (Complete ONE option only) The	eturning this executed co	ntract by no later than June 30, 2021.		
1. may be incurred as of the Effective Date (latest signature2. may be incurred as of, 20, a date LATER than3. were incurred as of JULY1, 20 20, a date PRIOR to the authorized to be made either as settlement payments or as attached and incorporated into this Contract. Acceptance	date bebw) and <u>no</u> obliq the Effective Date below, e Effective Date below, s authorized reimbursem of payments forever rele	gations have been incurred <u>prior</u> to the Effective Date.  In and <u>no</u> obligations have been incurred <u>prior</u> to the Effective and the parties agree that payments for any obligations incurrent payments, and that the details and circumstances of all o ases the Commonwealth from further claims related to these	e Date. rred prior to the Effective Date are obligations under this Contract are 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 Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes a certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricked by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, low costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X:			ad above, subject to any required thed and the Contractor makes all the agrees to provide any required in Massachusetts are attached or s, this Standard Contract Form, the (excluding any language stricken elevant terms in the RFR and the se terms result in best value, lower LTH:	

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https://www.macomptroller.org/forms. Forms are also posted at OSD Forms: https://www.mass.gov/lists/osd-forms.					
CONTRACTOR LEGAL NAME: TOWN OF MEDWAY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:			
Legal Address: (W-9, W-4): 155 VILLAGE ST MEDWAY, MA 02053-1147		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108			
Contract Manager: COURTNEY RILEY	Phone: 508-533-3210	Billing Address (if different):			
E-Mail: Criley@townofmedway.org	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419		
Contractor Vendor Code: VC6000191877		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368		
Vendor Code Address ID (e.g. "AD001"): AD_001.		MMARS Doc ID(s): FY21COAMEDWAY000000			
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-1	040 C-1 040 L-57550		
X NEW CONTRACT  PROCUREMENT OR EXCEPTION TYPE: (Check one option only)  Statewide Contract (OSD or an OSD-designated Department)  Collective Purchase (Attach OSD approval, scope, budget)  Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation)  Emergency Contract (Attach justification for emergency, scope, budget)  Contract Employee (Attach Employment Status Form, scope, budget)  ✓ Other Procurement Exception (Attach authorizing language, legislation with		CONTRACT AMENDMENT  Enter Current Contract End Date <u>Prior</u> to Amendment:, 20  Enter Amendment Amount: \$ (or "no change")  AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)  Amendment to Date, Scope or Budget (Attach updated scope and budget)  Interim Contract (Attach justification for Interim Contract and updated scope/budget)  Contract Employee (Attach any updates to scope or budget)  Other Procurement Exception (Attach authorizing language/justification and updated			
specific exemption or earmark, and exception justification,  The Standard Contract Form Instructions and Contractor into this Contract and are legally binding: (Check ONE opt ServicesCommonwealth IT Terms and Conditions	Certifications and the fo	scope and budget)  bllowing Commonwealth Terms and Conditions docume  Terms and Conditions <a href="#">Commonwealth Terms</a> and Conditions	nt are incorporated by reference tions For Human and Social		
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)  Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended). \$\frac{24,036.00}{24,036.00}\$.					
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason:/ agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)  BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant funding. The performance period for this award is 71/120-6/30/21. The municipality certifies that the fundes 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.					
1. may be incurred as of the Effective Date (latest signatur 2. may be incurred as of, 20, a date LATER tha 3. were incurred as of JULY 1, 20 20, a date PRIOR to	ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: 1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date2. 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				
attached and incorporated into this Contract. Acceptanc  CONTRACT END DATE: Contract performance shall termin  amended, provided that the terms of this Contract and perfor	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 othersolicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated 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:  X:  X:  X:  X:  X:  X:  X:  X:					
(Updated 6/30/20) Page 1 of 1					

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

CONTRACTOR LEGAL NAME: TOWN OF MENDON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:			
Legal Address: (W-9, W-4): PO BOX 2 MENDON, MA 01756-0002		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108			
Contract Manager: AMY WILSON KENT	Phone: 508-478-6175	Billing Address (if different):			
E-Mail: AWilsonKent@mendonma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419		
Contractor Vendor Code: VC6000191878		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368		
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAMENDON000000			
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	040C-1040L-57550		
X NEW CONTRACT  PROCUREMENT OR EXCEPTION TYPE: (Check one option only)  Statewide Contract (OSD or an OSD-designated Department)  Collective Purchase (Attach OSD approval, scope, budget)  Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation)  Emergency Contract (Attach justification for emergency, scope, budget)  Contract Employee (Attach Employment Status Form, scope, budget)  Other Procurement Exception (Attach authorizing language, legislation with		CONTRACT AMENDMENT  Enter Current Contract End Date <u>Prior</u> to Amendment, 20  Enter Amendment Amount: \$ (or "no change")  AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)  Amendment to Date, Scope or Budget (Attach updated scope and budget)  Interim Contract (Attach justification for Interim Contract and updated scope/budget)  Contract Employee (Attach any updates to scope or budget)  Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)			
specific exemption or earmark, and exception justification, The Standard Contract Form Instructions and Contractor into this Contract and are legally binding: (Check ONE opi Services Commonwealth IT Terms and Conditions	Certifications and the fo	ollowing Commonwealth Terms and Conditions documer Terms and Conditions Commonwealth Terms and Condition	ntare incorporated by reference ons For Human and Social		
in the state accounting system by sufficient appropriations or Rate Contract. (No Maximum Obligation) Attach details o	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended). \$ 11,268.00.				
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)  BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant funding. The performance period for this award is 7/1/20-6/30/21. The municipality certifies that the funds will be used for COA activities, and will complete a final fiscal report accounting for how these grant funds were applied. All approved obligations incurred prior to the effective date of this agreement (for which payment obligations have been triggered) and are intended to be part of this agreement, are to be funded from the total amount awarded under this agreement. This contract, once executed by both parties, will be treated as the sole invoice for the maximum obligation of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021.					
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:					
CONTRACT END DATE: Contract performance shall termin amended, provided that the terms of this Contract and perfor completing any negotiated terms and warranties, to allow any	mance expectations and	obligations shall survive its termination for the purpose of	esolving any claim or dispute, for		
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pairs and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form 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:					

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 invoke 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.macomptroller.org/forms.

https://www.macomptroller.org/forms. Forms are also posted at				
CONTRACTOR LEGAL NAME: TOWN OF MERRIMAC (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): SCHOOL ST MERRIMAC, MA 01860-1915		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: LAURA MAILMAN	Phone: 978-346-9549	Billing Address (if different):		
E-Mail: Ldmailman@townofmerrimac.com	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191880		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD_001.	***	MMARS Doc ID(s): FY21COAMERRIMAC00000		
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	040C-1040L-57550	
X NEW CONTRACT  PROCUREMENT OR EXCEPTION TYPE: (Check one option only)  Statewide Contract (OSD or an OSD-designated Department)  Collective Purchase (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)		CONTRACT AMENDMENT Enter Current ContractEnd Date <u>Prior</u> to Amendment:, 20 Enter Amendment Amount: \$, (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)Amendment to Date, Scope or Budget (Attach updated scope and budget)Interim Contract (Attach justification for Interim Contract and updated scope/budget)Contract Employee (Attach any updates to scope or budget)		
✓ Other Procurement Exception (Attach authorizing langua)	ge, legislation with	Other Procurement Exception (Attach authorizing lai scope and budget)	nguage/justification and updated	
specific exemption or earmark, and exception justification,  The Standard Contract Form Instructions and Contractor into this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions	Certifications and the fo	llowing Commonwealth Terms and Conditions documer	ntare incorporated by reference ons For Human and Social	
in the state accounting system by sufficient appropriations or c Rate Contract. (No Maximum Obligation) Attach details or	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)  Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract Is being amended). \$ 14,784.00.			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason:✓_agree to standard 45 day cyclestatutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)  BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant funding. The performance period for this award is 7/1/20-6/30/21. The municipality certifies that the funds will be used for COA activities, and will complete a final fiscal report accounting for how these grant funds were applied. All approved obligations incurred prior to the effective date of this agreement (for which payment obligations have been triggered) and are intended to be part of this agreement, are to be funded from the total amount awarded under this agreement. This contract, once executed by both parties, will be treated as the sole invoice for the maximum obligation of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021.				
1. may be incurred as of the Effective Date (latest signature)2. may be incurred as of, 20, a date LATER that3. were incurred as of <u>JULY1</u> , 20_20, a date PRIOR to authorized to be made either as settlement payments or	ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: 1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date. 2. may be incurred as of, 20, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date. 3. were incurred as of, 20, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.			
CONTRACT END DATE: Contract performance shall termin amended, provided that the terms of this Contract and perfor completing any negotiated terms and warranties, to allow any	nate as ofJUNE 30_,	20 21, with no new obligations being incurred after this day	ate unless the Contract is properly resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes a certifications required under the Standard Contract Form Instructions and Contract Form Instructions and Contract Form Instructions and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached of incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricke by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X:  Date:  (Signature and Date Must Be Handwritten At Time of Signature)  Print Name:  Print Title:  Print Title:  Print Title:  Print Title:				
		and Carl	ractin	

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

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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 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.

ntips://www.macomptroller.org/lorins. Forms are also posted at	OSD FORMS: https://www.	mass.gov/iisis/osu-ioms.		
CONTRACTOR LEGAL NAME: CITY OF METHUEN (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 41 PLEASANT ST METHUEN, MA 01844-3179		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: CORINNE LACHARITE	Phone: 978-983-8825	Billing Address (if different):		
E-Mail: cclacharite@ci.methuen.ma.us	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191881		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAMETHUEN000000		
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-1	040 C-1040L-57550	
X NEW CONTRACT		CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date Prior to Amendment:	, 20	
Statewide Contract (OSD or an OSD-designated Departm		Enter Amendment Amount: \$ (or "no change	**************************************	
Collective Purchase (Attach OSD approval, scope, budge		AMENDMENT TYPE: (Check one option only. Attach o		
Department Procurement (includes all Grants - 815 CMR Notice or RFR, and Response or other procurement support		Amendment to Date, Scope or Budget (Attach upda Interim Contract (Attach justification for Interim Contr		
Emergency Contract (Attach justification for emergency, s	cope, budget)	Contract Employee (Attach any updates to scope or		
Contract Employee (Attach Employment Status Form, scop ✓ Other Procurement Exception (Attach authorizing language)		Other Procurement Exception (Attach authorizing la		
specific exemption or earmark, and exception justification, s		scope and budget)	9-9-1	
The Standard Contract Form Instructions and Contractor Control into this Contract and are legally binding: (Check ONE options are Commonwealth IT Terms and Conditions	Certifications and the fo on): Commonwealth	Illowing Commonwealth Terms and Conditions document Ferms and Conditions <u>&lt;</u> Commonwealth Terms and Conditions (Conditions)	ntare incorporated by reference ons For Human and Social	
COMPENSATION: (Check ONE option): The Department cert in the state accounting system by sufficient appropriations or 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 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 we ason: ✓ agree to star	ithin 15 days % PPD; Payment issued within 20 days ndard 45 day cycle statutory/legal or Ready Payments (	% PPD; Payment issued within 30	
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant 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	2.5		Contract obligations:	
1. may be incurred as of the Effective Date (latest signature			na Data	
2. may be incurred as of, 20, a date LATER than3. were incurred as of, 20, a date PRIOR to the authorized to be made either as settlement payments or a stached and incorporated into this Contract. Acceptance	the Effective Date below, as authorized reimbursen		rred prior to the Effective Date are obligations under this Contract are	
CONTRACT END DATE: Contract performance shall terminate as ofJUNE 30, 20 21, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.				
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required occumentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language strick by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, low costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
X:		X: <u>facul</u> <u>Goldster</u> Date: 28 2021 (Signature and Date Must Be Handwritten At Time of Signature) Print Name: <u>Rachel</u> Goldstern		
Print Title: MAYOR .		Print Title:		

1/1



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CONTRACTOR LEGAL NAME: TOWN OF MIDDLEBOROUGH		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS	
(and d/b/a):		MMARS Department Code:	
Legal Address: (W-9, W-4): 20 CENTRE ST MIDDLEBOROUGH, MA 02346-2270		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: HOLLY BEGLEY	Phone: 508-946-2490	Billing Address (if different):	11
E-Mail: hbegley@middleborough.com	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191882		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAMIDDLEBOROUGH	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	40C-1040L-57550
X NEW CONTRACT		CONTRACT AMEND	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check one option	n only)	Enter Current Contract End Date Prior to Amendment:	, 20_ <u></u> .
Statewide Contract (OSD or an OSD-designated Departm	ent)	Enter Amendment Amount: \$ (or "no change"	A STATE OF THE PARTY OF THE PAR
Collective Purchase (Attach OSD approval, scope, budge	t)	AMENDMENT TYPE: (Check one option only. Attach d	
Department Procurement (includes all Grants - 815 CMR Notice or RFR, and Response or other procurement supp		Amendment to Date, Scope or Budget (Attach updated) Interim Contract (Attach justification for Interim Contract)	
Emergency Contract (Attach justification for emergency, s	cope, budget)	Contract Employee (Attach any updates to scope or b	
<ul> <li>Contract Employee (Attach Employment Status Form, sco</li> <li>Other Procurement Exception (Attach authorizing langua</li> </ul>	pe, budget)	Other Procurement Exception (Attach authorizing lai	
specific exemption or earmark, and exception justification,		scope and budget)	55-)
The Standard Contract Form Instructions and Contractor	Certifications and the fo	ollowing Commonwealth Terms and Conditions documen	at are incorporated by reference
into this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions	ion):Commonwealth	Terms and Conditions <u>✓</u> Commonwealth Terms and Condition	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 ons, conditions or terms and any changes if rates or terms are	er 815 CMR 9.00.
✓ Maximum Obligation Contract. Enter total maximum obli	rail rates, uritis, calculation of	f this contract (or <b>new</b> total if Contract is being amended). \$	59.220.00.
	3		
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth p identify a PPD as follows: Payment issued within 10 days	ayments are issued thro % PPD: Payment issued w	ugn EFT 45 days from invoice receipt. Contractors reque- vithin 15 days  % PPD: Payment issued within 20 days	% PPD; Payment issued within 30
days % PPD. If PPD percentages are left blank, identify r	eason: <pre>agree to sta</pre>	ndard 45 day cycle statutory/legal or Ready Payments (	M.G.L. c. 29, § 23A); only initial
payment (subsequent payments scheduled to support stands	ard EFT 45 day payment	cycle. See Prompt Pay Discounts Policy.)	· O · · · · · · · · · · · · · · · · · ·
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or municipalities of the Commonwealth, as appropriated in the Ch The performance period for this award is 7/1/20-6/30/21. The how these grant funds were applied. All approved obligations	napter 227 of the Acts of 20 municipality certifies that to incurred prior to the effecti	020. The award amount is determined by a census-based allo he funds will be used for COA activities, and will complete a ve date of this agreement (for which payment obligations hav	ocation of available grant funding. final fiscal report accounting for e been triggered) and are intended
to be part of this agreement, are to be funded from the total an maximum obligation of this contract. COAs are responsible for			be treated as the sole invoice for the
ANTICIPATED START DATE: (Complete ONE option only)	The Department and Cont	tractor certify for this Contract, or Contract Amendment, that	Contract obligations:
1. may be incurred as of the Effective Date (latest signatur	e date below) and <u>no</u> obli	gations have been incurred prior to the Effective Date.	
2. may be incurred as of, 20, a date LATER that	n the Effective Date below	w and <u>no</u> obligations have been incurred <u>prior</u> to the Effectiv	e Date.
✓ 3. were incurred as of <u>JULY 1, 20 20</u> , a date PRIOR to	the Effective Date below,	and the parties agree that payments for any obligations incurent payments, and that the details and circumstances of all	arred prior to the Effective Date 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 termi			
amended, provided that the terms of this Contract and perfor completing any negotiated terms and warranties, to allow any	mance expectations and	obligations shall survive its termination for the purpose of	resolving any claim or dispute, for
CERTIFICATIONS: Notwithstanding verbal or other represen	ntations by the parties, the	e "Effective Date" of this Contract or Amendment shall be	the latest date that this Contract or
Amendment has been executed by an authorized signatory of	f the Contractor, the Depart	artment, or a later Contract or Amendment Start Date specifi	ed above, subject to any required
approvals. The Contractor certifies that they have access certifications required under the Standard Contract Form Instr	ed and reviewed all doc	numents incorporated by reference as electronically public adjications under the pains and penalties of periury and fur	ther agrees to provide any required
documentation upon request to support compliance, and a	agrees that all terms gov	verning performance of this Contract and doing business	in Massachusetts are attached or
incorporated by reference herein according to the following hi	erarchy of document pred	cedence, the applicable Commonwealth Terms and Condition	ns, this Standard Contract Form, the
Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language striby a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and			relevant terms in the RFR and the
by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the KFR at Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, costs, or a more cost effective Contract.			nse terms result in best value, lower
AUTHORIZING SIGNATURE FOR THE CONTRACTOR	/	AUTHORIZING SIGNATURE FOR THE COMMONWE	ALTH:
X:		X: Date Must Be Handwritten	At Time of Signature)
1201000 1. 11 18/10/1	e or orginature)	PRAMIL (DIVING)	1
Print Name: Print Title: Print Title: Print Title:			Accounting
The state of the s	7		Maria Co
(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.mass.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 MIDDLEFIELD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:				
Legal Address: (W-9, W-4): 188 SKYLINE TRL MIDDLEFIELD, MA 01243-9800		Business Mailing Address: 1 ASHBURTON PL BOST	ON, MA 02108			
Contract Manager: JUDITH HOAG	Phone: 413-623-8968	Billing Address (if different):				
E-Mail: Judy@judeart.us	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419			
Contractor Vendor Code: VC6000191883		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368			
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAMIDDLEFIELD00				
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	40C-1040L-57550			
X NEW CONTRACT		CONTRACT AMEND	MENT			
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date Prior to Amendment:	, 20 <u>.</u>			
Statewide Contract (OSD or an OSD-designated Department		Enter Amendment Amount: \$ (or "no change"				
Collective Purchase (Attach OSD approval, scope, budget Department Procurement (includes all Grants - 815 CMR)		AMENDMENT TYPE: (Check one option only. Attach d Amendment to Date, Scope or Budget (Attach update	A STATE OF THE PARTY OF THE PAR			
<ul> <li>Notice or RFR, and Response or other procurement support</li> </ul>	orting documentation)	Interim Contract (Attach justification for Interim Contra				
Emergency Contract (Attach justification for emergency, so Contract Employee (Attach Employment Status Form, scope		Contract Employee (Attach any updates to scope or b				
✓ Other Procurement Exception (Attach authorizing language specific exemption or earmark, and exception justification, s	ge, legislation with	<ul> <li>Other Procurement Exception (Attach authorizing lar scope and budget)</li> </ul>	nguage/justification and updated			
The Standard Contract Form Instructions and Contractor C into this Contract and are legally binding: (Check ONE options of Commonwealth IT Terms and Conditions	Certifications and the foon):Commonwealth T	llowing Commonwealth Terms and Conditions documen Ferms and Conditions <u>✓</u> Commonwealth Terms and Condition	tare incorporated by reference ons For Human and Social			
COMPENSATION: (Check ONE option): The Department cert in the state accounting system by sufficient appropriations or o Rate Contract. (No Maximum Obligation) Attach details of  ✓ Maximum Obligation Contract. Enter total maximum oblig	ther non-appropriated fur all rates, units, calculatio	nds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms are	er 815 CMR 9.00. e being amended.)			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments 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.)						
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ANTICIPATED START DATE: (Complete ONE option only) T	AV.	5	Contract obligations:			
1. may be incurred as of the Effective Date (latest signature	date below) and <u>no</u> oblig	gations have been incurred <u>prior</u> to the Effective Date.	a Data			
2. may be incurred as of, 20, a date LATER than ✓3. were incurred as of <u>JULY 1</u> , 20 <u>20</u> , a date PRIOR to the	i the Effective Date below	y and no obligations have been incurred <u>prior</u> to the Ellective and the parties agree that payments for any obligations incur	rred prior to the Effective Date are			
authorized to be made either as settlement payments or a	as authorized reimbursem	ent payments, and that the details and circumstances of all c eases the Commonwealth from further claims related to these	obligations under this Contract are			
CONTRACT END DATE: Contract performance shall termin	ate as of JUNE 30,	20 21, with no new obligations being incurred after this da	te unless the Contract is properly			
amended, provided that the terms of this Contract and perform completing any negotiated terms and warranties, to allow any	nance expectations and	obligations shall survive its termination for the purpose of r	resolving any claim or dispute, for			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes certifications required under the Standard Contract Form Instructions and Contract FormInstructions 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 Contract Form, Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language strick by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, low costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X:			ad above, subject to any required hed and the Contractor makes all her agrees to provide any required in Massachusetts are attached or s, this Standard Contract Form, the Lexcluding any language stricken relevant terms in the RFR and the se terms result in best value, lower			
,	(Updated 6/30	0/20) Page 1 of 1 and Control	(Updated 6/30/20) Page 1 of 1 (D) (D)			

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https://www.macomptroller.org/forms. Forms are also posted at OSD Forms: https://www.mass.gov/lists/osd-forms.				
CONTRACTOR LEGAL NAME: TOWN OF MIDDLETON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 48 S MAIN ST MIDDLETON, MA 01949-2253		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: JILLIAN SMITH	Phone: 978-777-4067	Billing Address (if different):		
E-Mail: jillian.smith@middletonma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191884		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAMIDDLETON0000		
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	40C-1040L-57550	
X NEW CONTRACT		CONTRACT AMENDI		
PROCUREMENT OR EXCEPTION TYPE: (Check one option	,330	Enter Current Contract End Date <u>Prior</u> to Amendment: _ Enter Amendment Amount: \$ (or "no change		
Statewide Contract (OSD or an OSD-designated Departm Collective Purchase (Attach OSD approval, scope, budge		AMENDMENT TYPE: (Check one option only. Attach d		
Department Procurement (includes all Grants - 815 CMR	2.00) (Solicitation	Amendment to Date, Scope or Budget (Attach upda		
Notice or RFR, and Response or other procurement supp		Interim Contract (Attach justification for Interim Contra		
Contract Employee (Attach Employment Status Form, sco		Contract Employee (Attach any updates to scope or t		
Other Procurement Exception (Attach authorizing language specific exemption or earmark, and exception justification,	ge, legislation with	Other Procurement Exception (Attach authorizing lar scope and budget)	nguage/justification and updated	
The Standard Contract Form Instructions and Contractor			nt are incorporated by reference	
into this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions	on): Commonwealth <sup>-</sup>	Terms and Conditions <u>✓ C</u> ommonwealth Terms and Condition	ons For Human and Social	
COMPENSATION: (Check ONE option): The Department cert in the state accounting system by sufficient appropriations or compensation. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum obligation.	other non-appropriated fur all rates, units, calculation	nds, subject to intercept for Commonwealth owed debts underns, conditions or terms and any changes if rates or terms are	er 815 CMR 9.00. e being amended.)	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth 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				
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ANTICIPATED START DATE: (Complete ONE option only)			Contract obligations:	
1. may be incurred as of the Effective Date (latest signature2. may be incurred as of, 20, a date LATER that	e date below) and <u>no</u> obli	gations have been incurred <u>prior</u> to the Effective Date.	na Data	
✓ 3. were incurred as of <u>JULY 1</u> , 20 20 , a date PRIOR to authorized to be made either as settlement payments or	the Effective Date below, as authorized reimbursen	and the parties agree that payments for any obligations incu- nent 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 terminate as ofJUNE 30_, 20_21, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claimor dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.				
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusets 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:				

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nttps://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www	v.mass.gov/lists/osd-forms.	be published forms at CTX 10111	
CONTRACTOR LEGAL NAME: TOWN OF MILFORD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 52 MAIN ST MILFORD, MA 01757-2611		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: SUSAN CLARK	Phone: 508-473-8334	Billing Address (if different):		
E-Mail: sclark@townofmilford.com	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191885		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAMILFORD000000	Tax. 011-121-5500	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	140C-1040I -57550	
		CONTRACT AMENDMENT  Enter Current Contract End Date Prior to Amendment:, 20  Enter Amendment Amount: \$ (or "no change")  AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)  Amendment to Date, Scope or Budget (Attach updated scope and budget)  Interim Contract (Attach justification for Interim Contract and updated scope/budget)  Contract Employee (Attach any updates to scope or budget)  Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)		
The Standard Contract Form Instructions and Contractor Ce into this Contract and are legally binding: (Check ONE option Services Commonwealth IT Terms and Conditions	ii) Colliioliwealui i	Terms and Conditions Commonwealth Terms and Condition	ns For Human and Social	
COMPENSATION: (Check ONE option): The Department certificing the state accounting system by sufficient appropriations or othe Rate Contract. (No Maximum Obligation) Attach details of a Maximum Obligation Contract. Enter total maximum obligation	ill rates, units, calculation	rius, subject to intercept for Commonwealth owed debts under	r 815 CMR 9.00.	
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<ul> <li>1. may be incurred as of the Effective Date (latest signature d. 2. may be incurred as of, 20, a date LATER than the sum of, and, and</li></ul>	late below) and <u>no</u> obliga he Effective Date below e Effective Date below, a authorized reimburseme	pations have been incurred <u>prior</u> to the Effective Date.  If and <u>no</u> obligations have been incurred <u>prior</u> to the Effective and the parties agree that payments for any obligations incurred that the details and dispute the parties and the the details and dispute the prior to	Date.	
and the contract of the contract. Acceptance of	payments lorever reea	ases the Commonwealth from further claims related to those o	higatione	
CONTRACT END DATE: Contract performance shall terminate amended, provided that the terms of this Contract and performan completing any negotiated terms and warranties, to allow any closest terms.	se out or transition perfo	ormance, reporting, invoicing or final payments, or during ar	solving any claimor dispute, for ny 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: Authorized Time of Signature  Print Name: Contract Commonwealth Time of Signature  Print Name: Contract				
			10 1 0	

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https://www.macomptroller.org/forms. Forms are also posted at OSD Forms; https://www.mass.gov/lists/osd-forms.				
CONTRACTOR LEGAL NAME: TOWN OF MILLBURY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): PO BOX 267 MILLBURY, MA 01527-0267		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: JUDITH A. O'CONNOR	Phone: 508-865-9154	Billing Address (if different):		
E-Mail: joconnor@townofmillbury.net	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191886		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAMILLBURY00000		
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	040C-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)		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)  Illowing Commonwealth Terms and Conditions document are incorporated by reference Terms and Conditions <u>✓</u> Commonwealth Terms and Conditions For Human and Social		
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended). \$ 34,728.00.  PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason:				
payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)  BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant funding. The performance period for this award is 7/1/20-6/30/21. The municipality certifies that the funds will be used for COA activities, and will complete a final fiscal report accounting for how these grant funds were applied. All approved obligations incurred prior to the effective date of this agreement (for which payment obligations have been triggered) and are intended to be part of this agreement, are to be funded from the total amount awarded under this agreement. This contract, once executed by both parties, will be treated as the sole invoice for the maximum obligation of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021.				
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:  1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date.  2. may be incurred as of, 20, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date.  3. were incurred as of, 20, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date a 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 a 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 claimor dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.				
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract FormInstructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon requiest to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or othersolicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X:				



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

nttps://www.macomptroller.org/forms. Forms are also posted at	OSD FOITIS. https://www.	mass.govinstsiosa-iorns.	
CONTRACTOR LEGAL NAME: TOWN OF MILLIS (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 900 MAIN ST MILLIS, MA 02054-1512		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: PATTY KAYO	Phone: 508-376-7051	Billing Address (if different):	
E-Mail: pkayo@millis.net	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191887		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAMILLIS0000000	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	140 C-1040L-57550
X NEW CONTRACT		CONTRACT AMEND	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check one option	n only)	Enter Current Contract End Date Prior to Amendment:	
Statewide Contract (OSD or an OSD-designated Departm	ent)	Enter Amendment Amount: \$ (or "no change	
Collective Purchase (Attach OSD approval, scope, budge	t)	AMENDMENT TYPE: (Check one option only. Attach d	
Department Procurement (includes all Grants - 815 CMR Notice or RFR, and Response or other procurement supp		Amendment to Date, Scope or Budget (Attach upda Interim Contract (Attach justification for Interim Contra	
Emergency Contract (Attach justification for emergency, s	cope, budget)	Contract Employee (Attach any updates to scope or b	
Contract Employee (Attach Employment Status Form, sco ✓ Other Procurement Exception (Attach authorizing langua		Other Procurement Exception (Attach authorizing la	
specific exemption or earmark, and exception justification,	scope and budget)	scope and budget)	With 1981 1981
The Standard Contract Form Instructions and Contractor	Certifications and the fo	ollowing Commonwealth Terms and Conditions documer	it are incorporated by reference
into this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions	on): Commonwealth	Terms and Conditions V Commonwealth Terms and Condition	nis for numan 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.
<ul> <li>Rate Contract. (No Maximum Obligation) Attach details of</li> <li>Maximum Obligation Contract. Enter total maximum obligation</li> </ul>	fall rates, units, calculation	ons, conditions or terms and any changes if rates or terms are	9 being amended.) 17 508 00
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth p identify a PPD as follows: Payment issued within 10 days	ayments are issued thro % PPD: Payment issued w	rithin 15 days	% PPD: Payment issued within 30
days % PPD. If PPD percentages are left blank, identify r	eason: 🗹 agree to sta	ndard 45 day cycle statutory/legal or Ready Payments (	M.G.L. c. 29, § 23A); only initial
payment (subsequent payments scheduled to support stands			oo Councile on Aging of the
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 r	nunicipality certifies that t	he funds will be used for COA activities, and will complete a	final fiscal report accounting for
how these grant funds were applied. All approved obligations to be part of this agreement, are to be funded from the total am	incurred prior to the effecti	ve date of this agreement (for which payment obligations have	e been inggered) and are intended
maximum obligation of this contract. COAs are responsible for	returning this executed co	ontract by no later than June 30, 2021.	
ANTICIPATED START DATE: (Complete ONE option only)	The Department and Con	tractor certify for this Contract, or Contract Amendment, that 0	Contract obligations:
1. may be incurred as of the Effective Date (latest signature	e date below) and <u>no</u> obli	gations have been incurred prior to the Effective Date.	n Data
2. may be incurred as of, 20, a date LATER that3, were incurred as of JULY 1, 20 20, a date PRIOR to	n the Effective Date below	w and no obligations have been incurred prior to the Effective	e Date.
authorized to be made either as settlement payments or	as authorized reimbursen	ment 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 rel	eases the Commonwealth from further claims related to these	e obligations.
CONTRACT END DATE: Contract performance shall termin	nate as of JUNE 30	20 21, with no new obligations being incurred after this da	ite unless the Contract is properly
amended, provided that the terms of this Contract and perfor completing any negotiated terms and warranties, to allow any	mance expectations and close out or transition pe	obligations snall survive its termination for the purpose of rformance, reporting, invoicing or final payments, or during	any lapse between amendments.
CERTIFICATIONS: Notwithstanding verbal or other represer			
Amendment has been executed by an authorized signatory of	f the Contractor, the Department	artment, or a later Contract or Amendment Start Date specifi	ed above, subject to any required
approvals. The Contractor certifies that they have accessed	ed and reviewed all doc	cuments incorporated by reference as electronically published	shed and the Contractor makes all
certifications required under the Standard Contract Form Instr documentation upon request to support compliance, and a	uctions and Contractor C agrees that all terms gov	entifications under the pains and penalties of perjury, and fur- rerning performance of this Contract and doing business	in Massachusetts are attached or
incorporated by reference herein according to the following hi	erarchy of document pred	cedence, the applicable Commonwealth Terms and Condition	ns, this Standard Contract Form, the
Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms			excluding any language stricken
Contractor's Response only if made using the process outline	ed in 801 CMR 21.07, inco	orporated herein, provided that any amended RFR or Respor	ise terms result in best value, lower
costs, or a more cost effective Contract.			
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	125	AUTHORIZING SIGNATURE FOR THE COMMONWE	ALIH: 11-2/
X: Date:	1-25-21	X: TOWN DE	ate:
(Signature and Date Must Be Handwritten At Tim	e of Signature)	(Signature and Date Must Be Handwritten	At Time of Signature)
Print Name: 101 Crost City (1)	0	Print Title:	Acounting
Print Title: 10Wh A DIMINISTRATE		Trine rice:	116
	(Updated 6/3	30/20) Page 1 of 1 0 0 Control	rein(



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

https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.	mass.gov/lists/osd-forms.		
CONTRACTOR LEGAL NAME: TOWN OF MILLVILLE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): PO BOX 703 MILLVILLE, MA 01529-0703		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: TINA COOK	Phone: 508-883-3523	Billing Address (if different):		
E-Mail: sr.center@millvillema.org	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191888		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAMILLVILLE0000		
(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		CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date Prior to Amendment:		
Statewide Contract (OSD or an OSD-designated Departm		Enter Amendment Amount: \$ (or "no change		
Collective Purchase (Attach OSD approval, scope, budge Department Procurement (includes all Grants - 815 CMR)		AMENDMENT TYPE: (Check one option only. Attach d Amendment to Date, Scope or Budget (Attach upda	= :	
Notice or RFR, and Response or other procurement support	orting documentation)	Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for emergency, s		Contract Employee (Attach any updates to scope or b		
<ul> <li>Contract Employee (Attach Employment Status Form, scoper Other Procurement Exception (Attach authorizing language)</li> </ul>		Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justification,	scope and budget)	scope and budget)		
The Standard Contract Form Instructions and Contractor Control this Contract and are legally binding: (Check ONE options)  Services Commonwealth IT Terms and Conditions	Certifications and the foon): Commonwealth	ollowing Commonwealth Terms and Conditions document Terms and Conditions <u>✓</u> Commonwealth Terms and Condition	it are incorporated by reference ons For Human and Social	
COMPENSATION: (Check ONE option): The Department cert	ifies that payments for au	thorized performance accepted in accordance with the terms	of this Contract will be supported	
in the state accounting system by sufficient appropriations or o	ther non-appropriated fun	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 oblig	all rates, units, calculation of	rns, conditions or terms and any changes it rates or terms are this contract (or <b>new</b> total if Contract is being amended). \$ (	6.000.00.	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pa	iyments are issued throi % PPD: Pavment issued w	ithin 15 days  % PPD; Payment issued within 20 days	% 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 30 days% PPD. If PPD percentages are left blank, identify reason:				
payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)  BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the				
municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a consus-based allocation of available grant funding.				
The performance period for this award is 7/1/20-6/30/21. The n how these grant funds were applied. All approved obligations in	nunicipality certifies that the	ne funds will be used for COA activities, and will complete a f	inal fiscal report accounting for	
to be part of this agreement, are to be funded from the total am	ount awarded under this a	regreement. This contract, once executed by both parties, will be	be treated as the sole invoice for the	
maximum obligation of this contract. COAs are responsible for	returning this executed con	ntract by no later than June 30, 2021.		
	ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:			
1. may be incurred as of the Effective Date (latest signature 2. may be incurred as of, 20, a date LATER than	date below) and <u>no</u> oblig	gations have been incurred <u>prior</u> to the Effective Date.	e Date	
✓ 3. were incurred as of JULY 1, 20 20 , a date PRIOR to t	he Effective Date below.	and the parties agree that payments for any obligations incu	rred prior to the Effective Date are	
authorized to be made either as settlement payments or a	as authorized reimbursem	ent payments, and that the details and circumstances of all	obligations under this Contract are	
	the state of the s	ases the Commonwealth from further claims related to these		
CONTRACT END DATE: Contract performance shall termin amended, provided that the terms of this Contract and perforn	ate as of <u>JUNE 30</u> ,	20 21, with no new obligations being incurred after this da	te unless the Contract is properly	
completing any negotiated terms and warranties, to allow any	close out or transition per	formance, reporting, invoicing or final payments, or during	any lapse between amendments.	
CERTIFICATIONS: Notwithstanding verbal or other represent	lations by the parties, the	"Effective Date" of this Contract or Amendment shall be to	he latest date that this Contract or	
Amendment has been executed by an authorized signatory of	the Contractor, the Depa	rtment, or a later Contract or Amendment Start Date specifie	ed above, subject to any required	
approvals. The Contractor certifies that they have accesse	d and reviewed all docu	uments incorporated by reference as electronically publis	hed 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 study and provided that additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR are			relevant terms in the RFR and the	
Contractor's Response only if made using the process outlined	in 801 CMR 21.07, incor	rporated herein, provided that any amended RFR or Respon	se terms result in best value, lower	
costs, or a more cost effective Contract.		AUTHORIZING SIGNATURE FOR THE COMMONWEA	JI TU.	
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	1/20/21	1/000001/ (en and	2-18-21	
X: Signature and Date Must Be Handwritten At Time	of Signature)	X: Da (Signature and Date Must Be Handwritten)	At Time of Signature)	
Print Name: Peter D (arns)	o. orginaturoj	Print Name: 1509 4 CONDEE	V	
Print Title: Town Administration		Print Title: Print Print Title:	Elounting	
	(11-4-4-1-2/0/	(20) Page 1 of 1 and Con	fracting!	
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https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.	mass.gov/iists/osd-torms.		
CONTRACTOR LEGAL NAME: TOWN OF MILTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 525 CANTON AVE MILTON, MA 02186-3240		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: MARY ANN SULLIVAN	Phone: 617-898-4893	Billing Address (if different):		
E-Mail: masullivan@townofmilton.org	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191889		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAMILTON0000000		
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	040 C-1040L-57550	
_X_ NEW CONTRACT		CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date Prior to Amendment:		
Statewide Contract (OSD or an OSD-designated Departm		Enter Amendment Amount: \$ (or "no change		
Collective Purchase (Attach OSD approval, scope, budge Department Procurement (includes all Grants - 815 CMR		AMENDMENT TYPE: (Check one option only. Attach d Amendment to Date, Scope or Budget (Attach upda		
Notice or RFR, and Response or other procurement supp		Interim Contract (Attach justification for Interim Contract		
Emergency Contract (Attach justification for emergency, s		Contract Employee (Attach any updates to scope or I		
<ul> <li>Contract Employee (Attach Employment Status Form, scoler Other Procurement Exception (Attach authorizing langua)</li> </ul>		Other Procurement Exception (Attach authorizing la	1731 March 1988 1988 1988 1988 1988 1988 1988 198	
specific exemption or earmark, and exception justification,	scope and budget)	scope and budget)	300 VAO 10	
The Standard Contract Form Instructions and Contractor of into this Contract and are legally binding: (Check ONE options)  Services Commonwealth IT Terms and Conditions				
COMPENSATION: (Check ONE option): The Department cert in the state accounting system by sufficient appropriations or of	ther non-appropriated fur	nds, subject to intercept for Commonwealth owed debts unde	er 815 CMR 9.00.	
─ Rate Contract. (No Maximum Obligation) Attach details of     ✓ Maximum Obligation Contract. Enter total maximum obligation.				
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth paidentify a PPD as follows: Payment issued within 10 days% days% PPD. If PPD percentages are left blank, identify repayment (subsequent payments scheduled to support standard)	PPD; Payment issued we ason:agree to star	ithin 15 days% PPD; Payment issued within 20 days ndard 45 day cycle statutory/legal or Ready Payments (	% PPD; Payment issued within 30	
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or in municipalities of the Commonwealth, as appropriated in the Charles performance period for this award is 7/1/20-6/30/21. The name these grant funds were applied. All approved obligations in to be part of this agreement, are to be funded from the total am	apter 227 of the Acts of 20 nunicipality certifies that th ncurred prior to the effective	D20. The award amount is determined by a census-based allo ne funds will be used for COA activities, and will complete a f ve date of this agreement (for which payment obligations have	cation of available grant funding. inal fiscal report accounting for been triggered) and are intended	
maximum obligation of this contract. COAs are responsible for	eturning this executed co	ntract by no later than June 30, 2021.		
ANTICIPATED START DATE: (Complete ONE option only) T			Contract obligations:	
1. may be incurred as of the Effective Date (latest signature			- D-I-	
2. may be incurred as of, 20, a date LATER than3. were incurred as of <u>JULY 1</u> , 20 <u>20</u> _, a date PRIOR to t		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		ent payments, and that the details and circumstances of all		
		ases the Commonwealth from further claims related to these		
CONTRACT END DATE: Contract performance shall termin amended, provided that the terms of this Contract and perform completing any negotiated terms and warranties, to allow any	nance expectations and	obligations shall survive its termination for the purpose of	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.				
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	Una lana	AUTHORIZING SIGNATURE FOR THE COMMONWEA	21-12-21	
X:	119/2011	X: Serebil Goldslew. Da	te: 2/8/2021	
(Signature and Date Must Be Handwritten At Time	of Signáture)	(Signature and Date Must Be Handwritten	At Time of Signature)	
Print Name: 1110/10/10/10/10/10/10/10/10/10/10/10/10		Print Name: Rachel Goldstein		
Print Title: Print Title: Print Title:		Print Title:	- 'F	

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

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https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.	mass.gov/lists/osd-forms.	AND A CONTRACTOR CONTRACTOR AND		
CONTRACTOR LEGAL NAME: TOWN OF MONSON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:			
Legal Address: (W-9, W-4): 110 MAIN ST MONSON, MA 01057-1348		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108			
Contract Manager: LORI STACY	Phone: 413-267-4121	Billing Address (if different):			
E-Mail: Istacy@monson-ma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419		
Contractor Vendor Code: VC6000191892		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368		
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAMONSON0000000	200 St. Park 1989 Mr.		
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-1040C-1040L-57550			
X NEW CONTRACT  PROCUREMENT OR EXCEPTION TYPE: (Check one option only)  Statewide Contract (OSD or an OSD-designated Department)  Collective Purchase (Attach OSD approval, scope, budget)  Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation)  Emergency Contract (Attach justification for emergency, scope, budget)  Contract Employee (Attach Employment Status Form, scope, budget)  Other Procurement Exception (Attach authorizing language, legislation with		CONTRACT AMENDMENT  Enter Current Contract End Date <u>Prior</u> to Amendment:, 20  Enter Amendment Amount: \$ (or "no change")  AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)  Amendment to Date, Scope or Budget (Attach updated scope and budget)  Interim Contract (Attach justification for Interim Contract and updated scope/budget)  Contract Employee (Attach any updates to scope or budget)  Other Procurement Exception (Attach authorizing language/justification and updated			
specific exemption or earmark, and exception justification,		scope and budget)			
The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions document are incorporated by reference into this Contract and are legally binding: (Check ONE option):Commonwealth Terms and Conditions <a href="#">✓</a> Commonwealth Terms and Conditions For Human and Social ServicesCommonwealth IT Terms and Conditions					
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.					
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)					
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant funding. The performance period for this award is 7/1/20-6/30/21. The municipality certifies that the funds will be used for COA activities, and will complete a final fiscal report accounting for how these grant funds were applied. All approved obligations incurred prior to the effective date of this agreement (for which payment obligations have been triggered) and are intended to be part of this agreement, are to be funded from the total amount awarded under this agreement. This contract, once executed by both parties, will be treated as the sole invoice for the maximum obligation of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021.					
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.					
2. Inay be incurred as of, 20, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date. ✓ 3. were incurred as of, 20, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date 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 ofUNE 30_, 20_21, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.					
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, he Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X: AuthORIZING SIGNATURE FOR THE COMMONWEALTH:  X: AuthORIZING SIGNATURE FOR THE COMMONWEALTH:					
Print Name: Evan Brandwritten At Time of Signature)  (Signature and Date Must Be Handwritten At Time of Signature)  Print Name: Revenue Couls Alexa		At Time of Signature)			
Print Title: Tour and Adm ass	TOAM!	Print Title: (15)			

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

https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.r				
CONTRACTOR LEGAL NAME: TOWN OF MONTAGUE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:			
Legal Address: (W-9, W-4): 1 AVENUE A TURNERS FALLS, MA 01376-1128		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108			
Contract Manager: ROBERTA POTTER	Phone: 413-863-9357	Billing Address (if different):			
E-Mail: coa@montague-ma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419		
Contractor Vendor Code: VC6000191893		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368		
Vendor Code Address ID (e.g. "AD001"): AD_001,		MMARS Doc ID(s): FY21COATURNERSFALLS			
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-1040C-1040L-57550			
X NEW CONTRACT  PROCUREMENT OR EXCEPTION TYPE: (Check one option only)  Statewide Contract (OSD or an OSD-designated Department)  Collective Purchase (Attach OSD approval, scope, budget)  Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation)  Emergency Contract (Attach justification for emergency, scope, budget)  Contract Employee (Attach Employment Status Form, scope, budget)  Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		CONTRACT AMENDMENT  Enter Current Contract End Date <u>Prior</u> to Amendment:, 20,  Enter Amendment Amount: \$, (or "no change")  AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)			
		<ul> <li>Amendment to Date, Scope or Budget (Attach updated scope and budget)</li> <li>Interim Contract (Attach justification for Interim Contract and updated scope/budget)</li> <li>Contract Employee (Attach any updates to scope or budget)</li> <li>Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)</li> </ul>			
The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions document are incorporated by reference into this Contract and are legally binding: (Check ONE option):Commonwealth Terms and Conditions ✓ Commonwealth Terms and Conditions For Human and Social ServicesCommonwealth IT Terms and Conditions					
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)  Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended). \$ 23.052.00.					
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason:/ agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)					
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant funding. The performance period for this award is 7/1/20-6/30/21. The municipality certifies that the funds will be used for COA activities, and will complete a final fiscal report accounting for how these grant funds were applied. All approved obligations incurred prior to the effective date of this agreement (for which payment obligations have been triggered) and are intended to be part of this agreement, are to be funded from the total amount awarded under this agreement. This contract, once executed by both parties, will be treated as the sole invoice for the maximum obligation of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021.					
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:					
attached and incomporated into this Contract. Acceptance	as aumonzed reimbursen e of pavments forever rele	ent payments, and that the details and circumstances of an eases the Commonwealth from further claims related to these	e obligations.		
CONTRACT END DATE: Contract performance shall terminate as ofJUNE 30_, 20 21, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claimor dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.					
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, he Standard Contract FormInstructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X:    Date: 3/15/21.					
Print Title: Town Administrator.		Print Title:	1 1 40		

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

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

	muss.govinstarosa forms.				
CONTRACTOR LEGAL NAME: TOWN OF MONTGOMERY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:			
Legal Address: (W-9, W-4): 161 MAIN ST MONTGOMERY, MA 01085-3140		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108			
Phone: 413-862-3257	Billing Address (if different):				
Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419			
	E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368			
	MMARS Doc ID(s): FY21COAMONTGOMERY000				
	RFR/Procurement or Other ID Number: BD-21-1040-1040C-1040L-57550				
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only)		Enter Current Contract End Date <i>Prior</i> to Amendment:, 20			
Statewide Contract (OSD or an OSD-designated Department)		Enter Amendment Amount: \$ (or "no change")			
t)	AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)				
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pe, budget)					
✓ Other Procurement Exception (Atlach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		scope and budget)			
on): Commonwealth `	Terms and Conditions <u>✓</u> Commonwealth Terms and Conditi	ons For Human and Social			
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  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.					
days% PPD. If PPD percentages are left blank, identify reason:					

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https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.	mass.gov/lists/osd-forms.			
CONTRACTOR LEGAL NAME: TOWN OF MOUNT WASHINGTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:			
Legal Address: (W-9, W-4): 118 EAST ST MOUNT WASHINGTON, MA 01258-9710		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108			
Contract Manager: CORY HINES	Phone: 413-528-2839	Billing Address (if different):	¥		
E-Mail: mntcory@aol.com	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419		
Contractor Vendor Code: VC6000191897		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368		
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAMNTWASHINGTON			
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-1040C-1040L-57550			
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CERTIFICATIONS: Notwithstanding verbal or other represent Amendment has been executed by an authorized signatory of approvals. The Contractor certifies that they have accessed certifications required under the Standard Contract Form Instruction upon request to support compliance, and a incorporated by reference herein according to the following his Standard Contract Form Instructions and Contractor Certification by a Department as unacceptable, and additional negotiate Contractor's Response only if made using the process outlined costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE CONTRACTOR:  X:  (Signature and Date Must Be Handwritten At Time Print Name:	the Contractor, the Depad and reviewed all docuctions and Contractor Contract	Intrent, or a later Contract or Amendment Start Date speci uments incorporated by reference as electronically publi effications under the pains and penalties of perjury, and fu erning performance of this Contract and doing busines edence, the applicable Commonwealth Terms and Condition ponse (RFR) or other solicitation, the Contractor's Respon- additional negotiated terms will take precedence over the	Ified 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		

W.30