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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 tellers, 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/filsts/osd-forms.

| impanyayanaconpublici,orgaonia, i oma are also posico at   | COD I GIIIB. IMposititir.                               | neosigoviisisiosa somo,  |  |
|--|---|--|--|
| CONTRACTOR LEGAL NAME: TOWN OF NANTUCKET (and dlb/a):  |   | COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Codo:                                       |  |
| Legal Address: (W-9, W-4): 16 BROAD ST<br>NANTUCKET, MA 02554-3500   |   | Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108  |  |
| Confract Manager: LAURA STEWART  | Phone: 508-228-4490                                     | Billing Address (if different):  |  |
| E-Mail: Istewart@nantucket-ma.gov  | Fax:  | Contract Manager: STACEY ANNE OCONNELL   | Phone: 617-222-7419  |
| Contractor Vendor Code: VC6000191899   |   | E-Mail: STACEY.OCONNELL@MASS.GOV   | Fax: 617-727-0368  |
| Vendor Code Address ID (e.g. "AD001"): AD 001.   |   | MMARS Doc ID(s): FY21COANANTUCKET0000  | L  |
| (Note: The Address ID must be set up for EFT payments.)  |   | RFR/Procurement or Other ID Number: BD-21-1040-10  | 140C-1040L-57550   |
| X NEW CONTRACT   |   | CONTRACT AMEND   |  |
| 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 charge   | ")   |
| Collective Purchase (Allach OSD approval, scope, budge   | 1)  | AMENDMENT TYPE: (Check one option only, Attach o   |  |
| Department Procurement (includes all Grants - 815 CMR Notice or RFR, and Response or other procurement supp  |   | Amendment to Date, Scope or Budget (Allach upda<br>Interim Contract (Allach justification for Interim Contr                  |  |
| Emergency Contract (Atlach justification for emergency, s  | cope, budget)   | Contract Employee (Allach any updates to scope or I  |  |
| Contract Employee (Attach Employment Status Form, sco Other Procurement Exception (Attach authorizing language)  |   | Other Procurement Exception (Allach authorizing la   |  |
| specific exemption or earnark, and exception justification, s  | scope and budget)                                       | scope and budget)  | 33-1   |
| 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<br>on):Commonwealth           | illowing Commonwealth Terms and Conditions docume<br>Terms and Conditions ✓ Commonwealth Terms and Conditi                   | nt are incorporated by reference<br>ons For Human and Social |
| COMPENSATION: (Check ONE option): The Department cert  | ifies that payments for au                              | thorized performance accepted in accordance with the ferm  | 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 Commonwealh owed debts unde  | er 815 CMR 9.00.   |
| Rate Contract. (No Maximum Obligation) Altach details of ✓ Maximum Obligation Contract. Enter total maximum oblig  | all rates, units, calculation                           | ns, conditions or lerms and any changes if rales or lerms and  | e being amended,)  |
|  |   |  |  |
| PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pridentify a PPD as follows: Payment issued within 10 days  | syments are issued thro                                 | ugh EFT 45 days from invoice receipt. Contractors reque  | sting accelerated payments must                              |
| days% PPD. If PPD percentages are left blank, identify re  | eason: 🗸 agree lo sla                                   | ndard 45 day cyclestatulory/legal or Ready Payments (  | MG.L. c. 29, § 23A); only initial                            |
| payment (subsequent payments scheduled to support slands   | ird EFT 45 day payment                                  | cycle. See Prompt Pay Discounts Policy.)   |  |
| BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or I municipalities of the Commonweath, as appropriated in the Ch  | REASON FOR AMENDM                                       | ENT: This contract is to distribute a formula grant award to the   | ne Councils on Aging of the                                  |
| The performance period for this award is 7/1/20-6/30/21, The n   | runicipality certifies that the                         | ne 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 i   | ncurred prior to the effecti                            | ve date of this agreement (for which payment obligations have  | e been triggered) and are intended                           |
| to be part of this agreement, are to be funded from the total am<br>maximum obligation of this contract. COAs are responsible for  | ount awaroed uncer inis a<br>returning this executed co | ngreement. This contract, once executed by both parties, with<br>ntract by no later than June 30, 2021.                      | de treated as the sole involce for the                       |
| ANTICIPATED START DATE: (Camplete ONE option only)   |   |  | Contract obligations:  |
| 1, may be incurred as of the Effective Date (latest signature  | ildo <u>on</u> bns (wded etab s                         | galions have been incurred prior to the Effective Date,  | •  |
| 2, may be incurred as of, 20, a date LATER that  | n the Effective Date below                              | y and <u>no</u> obligations have been incurred <u>prior</u> to the Effective   | e Date.  |
| 3. were incurred as of JULY1, 20 20 , a date PRIOR to  | he Effective Date below,                                | and the parties agree that payments for any obligations inco<br>rent payments, and that the details and circumstances of all | rred prior to the Effective Date are                         |
| altached and incorporated into this Contract. Acceptance   | as addictized reinbursen<br>a of payments forever rela  | eases the Commonwealth from further claims related to these  | e obligations.   |
| CONTRACT END DATE: Contract performance shall termin   | ate 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<br>completing any negotiated terms and warranties, to allow any   | mance expectations and                                  | obligations shall surgive its termination for the numose of  | resolving any claimor dispute, for                           |
|  |   |  |  |
| CERTIFICATIONS: Notwithstanding verbal or other representation and the second of the s | lations by the parties, the                             | e "Effective Date" of this Contract or Amendment shall be  | he latest date that this Contract or                         |
| approvals. The Contractor certifies that they have accessed  | d and reviewed all doc                                  | uments incorporated by reference as electronically publis  | shed and the Contractor makes all                            |
| certifications required under the Standard Contract Forminstri   | actions and Contractor C                                | ertifications under the pains and penalties of perjury, and fur  | ther agrees to provide any required                          |
| documentation upon request to support compliance, and a incorporated by reference herein according to the following his  | grees that all terms gov<br>exarchy of document prec    | erning periormance of this contract and doing business<br>edence, the apolicable Commonwealth Terms and Condition            | in wassachusells are allactied of                            |
| Standard Contract Form Instructions and Contractor Certifications, the Request for Resor   |   | conse (RFR) or other solicitation, the Contractor's Response   | e (excluding any language stricken                           |
| by a Department as unacceptable, and additional negotiat<br>Contractor's Response only if made using the process outline   | ed terms, provided that                                 | additional negotiated terms will take precedence over the  | relevant terms in the RFR and the                            |
| costs, or a more cost effective Contract.  | um 001 0m/ 21,07, max                                   | npulated tracers, provided tracers arrestrong arrestrong   | sa tema tesantin best value, lono                            |
| AUTHORIZING SIGNATURE FOR THE CONTRACTOR:  | 1 6   | AUTHORIZING SIGNATURE FOR THE COMMONWE   | ALTH:  |
| X. C-Calle Dates   | 2/3/21  |  | ite: 5 -   d   |
| X: Date Z  (Signature and Date Must Be Handwritten At Time   | of Signature)   | (Signature and Date Must Be Handwritten  |  |
| Print Name: C. Elizabeth G1650   |   | Print Name:  | Harmatin   |
| Print Title: Town Manager .  |   | Print Title:   | The contraction of   |
| · · · · · · · · · · · · · · · · · · ·  | /Undated 6/3  | 0/20) Page 1 pf 1 And (20)   | WARTIN   |

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| https://www.macomptroller.org/lorms. Forms are also posted at  | OSD Forms: https://www.                                     | mass.gov/iists/oso-iorms.  |  |  |
|--|---|--|--|--|
| CONTRACTOR LEGAL NAME: TOWN OF NATICK (and d/b/a):   |   | COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:                                     |  |  |
| Legal Address: (W-9, W-4):13 E CENTRAL ST<br>NATICK, MA 01760-4629   |   | Business Malling Address: 1 ASHBURTON PL BOSTON, MA 02108  |  |  |
| Contract Manager: SUSAN RAMSEY   | Phone: 508-647-6544   | Billing Address (if different):  |  |  |
| E-Mail: sramsey@natickma.org   | Fax:  | Contract Manager: STACEY ANNE OCONNELL   | Phone: 617-222-7419  |  |
| Contractor Vendor Code: VC6000191900   | 327   | E-Mail: STACEY.OCONNELL@MASS.GOV   | Fax: 617-727-9368  |  |
| Vendor Code Address ID (e.g. "AD001"): AD 001,   |   | MMARS Doc ID(s): FY21COANATICK0000000  |  |  |
| (Note: The Address ID must be set up for EFT payments.)  |   | RFR/Procurement or Other ID Number: BD-21-1040-1   | 040C-1040L-57550   |  |
| _X NEW CONTRACT  |   | 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   | t)  | AMENDMENT TYPE: (Check one option only, Attach   |  |  |
| <ul> <li>Department Procurement (includes all Grants - 815 CMR<br/>Notice or RFR, and Response or other procurement supp</li> </ul>  | z.uu) (Solicitation<br>orting documentation)                | Amendment to Date, Scope or Budget (Attach upda<br>Interim Contract (Attach justification for Interim Cont                 |  |  |
| Emergency Contract (Attach justification for emergency, s  | cope, budget)   | Contract Employee (Attach any updates to scope or  |  |  |
| Contract Employee (Atlach Employment Status Form, sco<br>✓ Other Procurement Exception (Atlach authorizing langua)   | pe, budget)   | Other Procurement Exception (Atlach authorizing la   |  |  |
| specific exemption or earmark, and exception justification,  |   | scope and budget)  | nguogajaamazaan ana apaasa   |  |
| 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<br>on): Commonwealth              | illowing Commonwealth Terms and Conditions docume<br>Ferms and Conditions <u>✓</u> Commonwealth Terms and Condit           | ntare incorporated by reference<br>ions For Human and Social   |  |
| 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.  | other non-appropriated fur<br>all rates, units, calculation | nds, subject to intercept for Commonwealth owed debts und<br>ins, conditions or terms and any changes if rates or terms at | ler 815 CMR 9.00.<br>re being amended.)  |  |
| PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payment identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 15 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 20 days% PPD; Payment issued within 20 days% PPD; Payment issued within 15 days%  |   |  | % PPD; Payment Issued within 30 (M.G.L. c. 29, § 23A); only initial he Councils on Aging of the ocation of available grant funding, final fiscal report accounting for we been triggered) and are intended be treated as the sole invoice for the  |  |
| ANTICIPATED START DATE: (Complete ONE option only)   |   |  | Contract obligations:  |  |
| 1, may be incurred as of the Effective Date (latest signature  | e date below) and <u>no</u> obligation                      | gations have been incurred <u>prior</u> to the Effective Date.   | uo Dato  |  |
| , 20, a date LATER that, 20, a date PRIOR to   |   |  |  |  |
| authorized to be made either as settlement payments or   | as authorized relmbursem                                    | ent payments, and that the details and circumstances of all  | lobligations under this Contract are   |  |
| attached and incorporated into this Contract, Acceptance   | e of payments forever rele                                  | eases the Commonwealth from further claims related to thes   | e obligations.   |  |
| CONTRACT END DATE: Contract performance shall termin<br>amended, provided that the terms of this Contract and perfor<br>completing any negotiated terms and warranties, to allow any   | mance expectations and                                      | obligations shall survive its termination for the purpose of   | fresolving any claimor dispute, for  |  |
| CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment shall be the latest date that this Contract Amendment shall be the latest date that this Contract Amendment shall be the latest date that this Contract Amendment shall be the latest date that this Contract Amendment shall be the latest date that this Contract Amendment shall be the latest date that this Contract Amendment shall be the latest date that this Contract Amendment shall be the latest date that this Contract Amendment shall be the latest date that this Contract Amendment shall be the latest date that this Contract Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this Contract Amendment shall be the latest date that this Contract Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this contract amendment shall be the latest date that this contract or Amendment shall be the latest date that this contract or Amendment shall be the latest date that this contract or Amendment shall be the latest date that this contract or Amendment shall be the latest date that this contract or Amendment shall be the latest date that this contract or Amendment shall be the latest date that this contract or Amendment shall be the latest date that this contract or Amendment shall be the latest date that this contract or Amendment shall be the latest date that this contract or Amendment shall be the latest date that this contract or Amendment shall be the latest date that this contract or Amendment shall be the latest date that this contract or Amendment shall be the latest date that this contract or Amendment shall be the latest date that this contract or Amendment shall be the latest date that this contract or Amendment shall be the latest date that this contract or Amendment shall be the latest |   |  | ied above, subject to any required shed and the Contractor makes all ther agrees to provide any required in Massachusetts are attached or ns, this Standard Contract Form, he e (excluding any language stricken relevant terms in the RFR and the nse terms result in best value, lower ALTH:  ate:   At Time of Signature) |  |
|  |   | 21/2   | - ATOCATION  |  |

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

# ELL

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

| The point of the property of t | STORESCH MINISTER ARTHURSCH STORESCH  | mass on Commission and Included   |  |
|--|---|---|--|
| CONTRACTOR LEGAL NAME: TOWN OF NEEDHAM (and d/b/a):  |   | COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:  |  |
| Legal Address: (W-9, W-4): 1471 HIGHLAND AVE<br>NEEDHAM, MA 02492-2605   |   | Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108   |  |
| Contract Manager: LATANYA STEELE   | Phone: 781-455-7555   | Billing Address (if different):   |  |
| E-Mail: Isteele@needhamma.gov  | Fax:  | Contract Manager: STACEY ANNE OCONNELL  | Phone: 617-222-7419  |
| Contractor Vendor Code: VC6000191901   |   | E-Mail: STACEY.OCONNELL@MASS.GOV  | Fax: 617-727-9368  |
| Vendor Code Address ID (e.g. "AD001"): AD 001.   |   | MMARS Doc ID(s): FY21COANEEDHAM000000   |  |
| (Note: The Address ID must be set up for EFT payments.)  | 161   | 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:   | , 20_ <u></u> ,  |
| Statewide Contract (OSD or an OSD-designated Departm   | ent)  | Enter Amendment Amount: \$ (or "no change   |  |
| Collective Purchase (Attach OSD approval, scope, budge   | <del>(</del> )  | AMENDMENT TYPE: (Check one option only, Attach d Amendment to Date, Scope or Budget (Attach upda  |  |
| Department Procurement (includes all Grants - 815 CMR<br>Notice or RFR, and Response or other procurement supp   |   | Amendment to Date, Scope of Budget (Allach upda<br>Interim Contract (Attach 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)<br>ge legislation with  | Other Procurement Exception (Attach authorizing land  |  |
| specific exemption or earmark, and exception justification,  | scope and budget)   | scope and budget)   |  |
| The Standard Contract Form Instructions and Contractor into this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions   | Certifications and the fo<br>on):Commonwealth                                     | llowing Commonwealth Terms and Conditions documer<br>Terms and Conditions <u>✓</u> Commonwealth Terms and Conditi   | nt are incorporated by reference<br>ons For Human and Social   |
| COMPENSATION: (Check ONE option): The Department cer   | other non-appropriated fur  | thorized performance accepted in accordance with the terms<br>nds, subject to intercept for Commonwealth owed debts unde<br>ons, conditions or terms and any changes if rates or terms are  | er 815 CMR 9.00.   |
| Rate Contract. (No Maximum Obligation) Atlacti details 0  ✓ Maximum Obligation Contract. Enter total maximum obli  | gation for total duration of  | f this contract (or <b>new</b> total if Contract is being amended). \$ _  | 77,976.00.   |
| PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth p   |   |   |  |
| identify a PPD as follows: Payment issued within 10 days days % PPD. If PPD percentages are left blank, identify repayment (subsequent payments scheduled to support stand.)   | % PPD; Payment issued w<br>eason: _✓_agree to sta<br>ard EFT 45 day payment       | ithin 15 days% PPD; Payment issued within 20 days<br>ndard 45 day cycle statutory/legal or Ready Payments (<br>cycle. See Prompt Pay Discounts Policy.)   | % PPD; Payment issued within 30 MG.L. c. 29, § 23A); only initial  |
| BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant fund. The performance period for this award is 7/1/20-6/30/21. The municipality certifies that the funds will be used for COA activities, and will complete a final fiscal report accountin how these grant funds were applied. All approved obligations incurred prior to the effective date of this agreement (for which payment obligations have been triggered) and are intended to be part of this agreement, are to be funded from the total amount awarded under this agreement. This contract, once executed by both parties, will be treated as the sole invoice maximum obligation of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021.  |   |   | ocation of available grant funding.  final fiscal report accounting for 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  | 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 <u>prior</u> to the Effective Date.  | va Data  |
|  | the Effective Date below,<br>as authorized reimburser                             | wand <u>no</u> obligations have been incurred <u>prior</u> to the Ellectiv<br>and the parties agree that payments for any obligations inconstructions and that the details and circumstances of all<br>eases the Commonwealth from further claims related to thes | urred prior to the Effective Date are obligations under this Contract are  |
| CONTRACT END DATE: Contract performance shall term amended, provided that the terms of this Contract and performance and perfo | nate as of <u>JUNE 30</u><br>mance expectations and<br>close out or transition pe | .20 <u>21,</u> with no new obligations being incurred after this did<br>obligations shall survive its termination for the purpose of<br>fformance, reporting, invoicing or final payments, or during  | ate unless the Contract is properly<br>resolving any claim or dispute, for<br>any lapse between amendments.  |
| CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makest certifications required under the Standard Contract FormInstructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required under the Standard Contract FormInstructions and Contract FormInstructions and Contract FormInstructions and Contract FormInstructions and Contract FormInstructions, 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, to costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:   |   |   | ied above, subject to any required shed and the Contractor makes all ther agrees to provide any required in Massachusetts are attached or ns, this Standard Contract Form, he e (excluding any language stricken relevant terms in the RFR and the nse terms result in best value, lower ALTH: |
| X:   |   | X: <u>feethel</u> <u>Ophlatete</u> . Date: 2/8/2021 (Signature and Date Must Be Handwritten At Time of Signature) Print Name: Revenuel College:   |  |
| Print Title: Town Manager  |   | Print Title:  |  |

NH

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.

| nups//www.macompironer.org/forms. Forms are also posted at   | OSD FORMS. Https://www.  | niass.gov/iists/osu-iorns.   |  |
|--|--|--|--|
| CONTRACTOR LEGAL NAME: TOWN OF NEW ASHFORD (and d/b/a):  |  | COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:   |  |
| Legal Address: (W-9, W-4): 188 MALLERY RD<br>NEW ASHFORD, MA 01237-9611  |  | Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108  |  |
| Contract Manager: SHERRY YOUNGKIN  | Phone: 413-822-3576  | Billing Address (if different):  |  |
| E-Mail: say52cbs@aol.com   | Fax:   | Contract Manager: STACEY ANNE OCONNELL   | Phone: 617-222-7419  |
| Contractor Vendor Code: VC6000191903   |  | E-Mail: STACEY.OCONNELL@MASS.GOV   | Fax: 617-727-9368  |
| Vendor Code Address ID (e.g. "AD001"): AD 001.   |  | MMARS Doc ID(s): FY21COANEWASHFORD000  |  |
| (Note: The Address ID must be set up for EFT payments.)  |  | RFR/Procurement or Other ID Number: BD-21-1040-1   | 040C-1040L-57550   |
| X NEW CONTRACT  PROCUREMENT OR EXCEPTION TYPE: (Check one option only)  Statewide Contract (OSD or an OSD-designated Department)  Collective Purchase (Attach OSD approval, scope, budget)  Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation)  Emergency Contract (Attach justification for emergency, scope, budget)  Contract Employee (Attach Employment Status Form, scope, budget)  ✓ Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)   |  |  |  |
| COMPENSATION: (Check ONE option): The Department certiin the state accounting system by sufficient appropriations or on Rate Contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum obligation Contr | ther non-appropriated fur<br>all rates, units, calculation<br>ation for total duration of<br>syments are issued thro<br>pPD; Payment issued w<br>ason:agree to sta | nds, subject to intercept for Commonwealth owed debts und<br>ons, conditions or terms and any changes if rates or terms and<br>this contract (or <i>new</i> total if Contract is being amended). \$<br>ugh EFT 45 days from invoice receipt. Contractors reque<br>ithin 15 days % PPD; Payment issued within 20 days _<br>ndard 45 day cycle statutory/legal or Ready Payments   | ler 815 CMR 9.00. Pe being amended.) 6,000.00. esting accelerated payments must % PPD; Payment issued within 30  |
| payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)  BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging 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 into 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.<br>final fiscal report accounting for<br>ve been triggered) and are intended<br>be treated as the sole invoice for the   |
| ANTICIPATED START DATE: (Complete ONE option only) T   | date below) and <u>no</u> obli   | gations have been incurred <u>prior</u> to the Effective Date.   | »  |
| 3. were incurred as of <u>JULY 1</u> , 20 <u>20</u> , a date PRIOR to the authorized to be made either as settlement payments or a   | ne Effective Date below,<br>s authorized reimbursem  |  | urred prior to the Effective Date are<br>obligations under this Contract are   |
| CONTRACT END DATE: Contract performance shall termin<br>amended, provided that the terms of this Contract and perforn<br>completing any negotiated terms and warranties, to allow any o  | nance expectations and   | obligations shall survive its termination for the purpose of   | resolving any claim or dispute, for  |
| CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contractor Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any rapprovals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor more certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any redocumentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attain incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR 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.   |  |  | ied above, subject to any required shed and the Contractor makes all ther agrees to provide any required in Massachusetts are attached orns, this Standard Contract Form, the e (excluding any language stricken relevant terms in the RFR and the ase terms result in best value, lower |
| AUTHORIZING SIGNATURE FOR THE CONTRACTOR:  X: Date: ///9/200/ (Signature and Date Must Be Handwritten At Time of Signature)  Print Name: Contract Source Charry  Print Title: Select Board Charry  |  | X: facul fullation. Day (Signature and Date Must Be Handwritten Print Name: Received Contact State Sta | ate: 282021<br>At Time of Signature)   |



This form is jointly issued and published by the Office of the Comptroller (CTR), the Executive Office for Administration and Finance (ANF), and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published 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/fists/osd-forms

| CONTRACTOR LEGAL NAME: CITY OF NEW BEDFORD (and d/b/a):  |   | COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:                                    |   |
|--|---|---|---|
| Legal Address: (W-9, W-4): 133 WILLIAM ST<br>NEW BEDFORD, MA 02740-6132  |   | Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108   |   |
| Contract Manager: DEBRA LEE  | Phone: 508-991-6251                                       | Billing Address (if different):   |   |
| E-Mail: Debra.Lee@newbedford-ma.gov  | Fax:  | Contract Manager: STACEY ANNE OCONNELL  | Phone: 617-222-7419   |
| Contractor Vendor Code: VC6000192118   |   | E-Mail: STACEY,OCONNELL@MASS.GOV  | Fax: 617-727-9368   |
| Vendor Code Address ID (e.g. "AD001"): AD_001.   |   | MMARS Doc ID(s): FY21COANEWBEDFORD000   |   |
| (Note: The Address ID must be set up for EFT payments.)  |   | RFRProcurement or Other ID Number: BD-21-1040-1   | 1040 C-1040L-57550  |
| _X_ NEW CONTRACT   |   | CONTRACT AMEND  | DMENT   |
| PROCUREMENT OR EXCEPTION TYPE: (Check one option   | only)   | Enter Current Contract End Date <u>Prior</u> to Amendment:  |   |
| Statewide Contract (OSD or an OSD-designated Departm   |   | Enter Amendment Amount: \$ (or "no chang  |   |
| Collective Purchase (Attach CSD approval, scope, budge<br>Department Procurement (includes all Grants - 815 CMR  | i)<br>2 00) (Solicitation                                 | AMENDMENT TYPE: (Check one option only. Attach  |   |
| Notice or RFR, and Response or other procurement supp  | orting documentation)                                     | Amendment to Date, Scope or Budget (Attach upd<br>Interim Contract (Attach justification for Interim Cont                 |   |
| Emergency Contract (Attach justification for emergency, s<br>Contract Employee (Attach Employment Status Form, sco)  |   | Contract Employee (Attach any undates to soone or   |   |
| ✓ Other Procurement Exception (Attach authorizing langua<br>specific exemption or earmark, and exception justification,  | ge, legislation with                                      | Other Procurement Exception (Attach authorizing to<br>scope and budget)   | anguage/justification and updated                                       |
| The Standard Contract Form Instructions and Contractor   | Certifications and the fo                                 | ollowing Commonwealth Terms and Conditions docume   | entare incorporated by reference  |
| into this Contract and are legally binding: (Check ONE opti<br>Services Commonwealth IT Terms and Conditions   | on): Commonwealth   | Terms and Conditions <u>✓</u> Commonwealth Terms and Condi  | tions For Human and Social  |
| COMPENSATION: (Check ONE option): The Department cert  | ifies that payments for au                                | thorized performance accepted in accordance with the term   | ns of this Contract will be supported                                   |
| In the state accounting system by sufficient appropriations or c   | other non-appropriated tui<br>fall rates units calculatio | nds, subject to intercept for Commonwealth owed debts und<br>ons. conditions or terms and any changes if rates or terms a | re being amended.)  |
| ✓ Maximum Obligation Contract. Enter total maximum oblig   |   |   |   |
| PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pa  | ayments are issued thro                                   | ugh EFT 45 days from invoice receipt. Contractors requi   | esting acceierated payments must  |
| identify a PPD as follows: Payment issued within 10 days9<br>days% PPD. If PPD percentages are left blank, identify n  | % PPD; Payment issued w                                   | rithin 15 days % PPD; Payment issued within 20 days<br>ndard 45 day cycle statutoryllegal or Ready Payments               | _ % PPD; Payment issued within 30  <br>(MGL c. 29, & 23A); only initial |
| payment (subsequent payments scheduled to support stands   | ard EFT 45 day payment                                    | cycle. See Prompt Pay Discounts Policy.)  | (11111111111111111111111111111111111111                                 |
| BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or   | REASON FOR AMENDM   | ENT: This contract is to distribute a formula grant award to  | the Councils on Aging of the  |
| municipalities of the Commonwealth, as appropriated in the Ch<br>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 i   | ncurred prior to the effecti                              | ve date of this agreement (for which payment obligations have   | ve been triggered) and are intended                                     |
| to be part of this agreement, are to be funded from the total am<br>maximum obligation of this contract. COAs are responsible for  |   |   | be treated as the sole invoice for the                                  |
| ANTICIPATED START DATE: (Complete ONE option only)   | he 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.   |   |
| 2. may be incurred as of, 20, a date LATER that3. were incurred as of <u>JULY 1</u> , 20_20, a date PRIOR to   |   |   |   |
|  |   | ent payments, and that the details and circumstances of al  |   |
|  |   | eases the Commonwealth from further claims related to the   |   |
| CONTRACT END DATE: Contract performance shall termin   |   |   |   |
| amended, provided that the terms of this Contract and perfor completing any negotiated terms and warranties, to allow any  |   |   |   |
| CERTIFICATIONS: Notwithstanding verbal or other represen   | tations 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  | the Contractor, the Depart                                | artment, or a later Contract or Amendment Start Date speci  | fied above, subject to any required                                     |
| approvals. The Contractor certifies that they have accesse certifications required under the Standard Contract FormInstri  |   |   |   |
| documentation upon request to support compliance, and a  | grees that all terms gov                                  | erning performance of this Contract and doing business  | s 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 Contrac |   | ns, this Standard Contract Form, he se rexciuding any janguage stricken   |   |
| by a Department as unacceptable, and additional negotiated terms, provided that ad   |   | additional negotiated terms will take precedence over the   | e relevant terms in the RFR and the                                     |
| Contractor's Response only if made using the process outline costs, or a more cost effective Contract  | din 801 CMR 21.07, inco                                   | rporated herein, provided that any amended RFR or Respo   | nse terms result in best value, lower                                   |
| AUTHORIZING SIGNATURE FOR THE CONTRACTOR:  | 1/71  | AUTHORIZING SIGNATURE FOR THE COMMONWE  | ALTH:   |
| X: Dete:   | 1/2 (0)   | x / team (ann wo  | Date: 3-11-21   |
| (Signature and Date Must Be Handwritten At Time<br>Jonathan F. Mitchel   | of Signature)   | (Signature and Date Must Be Handwritte  | At Time of Signature)   |
| Print Name.  | _   | Print Name:   | 10 comments   |
| Print Title: Mayor   |   | Print Title:  | Holenny   |
|  | (Updated 6/3  | 0/20) Page for i and Lower  | onny M  |

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

| CONTRACTOR LEGAL NAME: TOWN OF NEW MARLBOROUGH (and d/b/a):  |  | COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:  |   |
|--|--|---|---|
| Legal Address: (W-9, W-4): P <del>O BOX 22</del> 0   |  | Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108   |   |
| <b>%</b> MARLBOROUGH, MA 01970-1322  |  | business walling Address. TASHDORTONTE DOSTON, MA 02100   |   |
| Contract Manager: PRUDENCE SPAULDING   | Phone: 413-229-8278                                | Billing Address (if different):   |   |
| E-Mail: prudencespaulding@hotmail.com  | Fax:   | Contract Manager: STACEY ANNE OCONNELL  | Phone: 617-222-7419   |
| Contractor Vendor Code: VC6000191905   |  | E-Mail: STACEY.OCONNELL@MASS.GOV  | Fax: 617-727-9368   |
| Vendor Code Address ID (e.g. "AD001"): AD_001.   |  | MMARS Doc ID(s): FY21COANEWMARLBOROUG   |   |
| (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   | 38.5   | Enter Current Contract End Date <u>Prior</u> to Amendment:  |   |
| Statewide Contract (OSD or an OSD-designated Departm<br>Collective Purchase (Attach OSD approval, scope, budge   |  | Enter Amendment Amount: \$, (or "no change AMENDMENT TYPE: (Check one option only. Attach d   | ()<br>letails of amendment changes.)                                |
| Department Procurement (includes all Grants - 815 CMR  | 2.00) (Solicitation                                | Amendment to Date, Scope or Budget (Altach upda   |   |
| Notice or RFR, and Response or other procurement support<br>Emergency Contract (Attach justification for emergency, s  | orting documentation)                              | Interim Contract (Attach justification for Interim Contra   |   |
|  |  | Contract Employee (Attach any updates to scope or t   |   |
| Contract Employee (Attach Employment Status Form, sco) Other Procurement Exception (Attach authorizing language specific exemption or earmark, and exception justification, second contract the contract of the cont | scope and budgety                                  | <ul> <li>Other Procurement Exception (Attach authorizing lass scope and budget)</li> </ul>  |   |
| The Standard Contract Form Instructions and Contractor Cinto this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions  | Certifications and the foon): Commonwealth 1       | Illowing Commonwealth Terms and Conditions documer<br>Ferms and Conditions <u>&lt;</u> Commonwealth Terms and Conditions and Conditions (Commonwealth Terms and Conditions) | nt are incorporated by reference<br>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 call Rate Contract. (No Maximum Obligation) Attach details of   | other non-appropriated fun                         | nds, subject to intercept for Commonwealth owed debts under   | er 815 CMR 9.00.  |
| ✓ Maximum Obligation Contract. Enter total maximum oblig   | gation for total duration of                       | this contract (or <i>new</i> total if Contract is being amended). \$ _  | 6,000.00.   |
| PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pa  | avments are issued throu                           | ugh FET 45 days from invoice receipt. Contractors reque   | sting accelerated payments must                                     |
| identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 10 days % PPD;   |  | 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 star payment (subsequent payments scheduled to support standard EFT 45 day payment   |  | ndard 45 day cycle statutory/legal or Ready Payments (<br>cycle See Promot Pay Discounts Policy )   | M.G.L. c. 29, § 23A); only initial                                  |
| BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or F   | REASON FOR AMENDME                                 | ENT: This contract is to distribute a formula grant award to th   | ne Councils on Aging of the   |
| municipalities of the Commonwealth, as appropriated in the Ch  | apter 227 of the Acts of 20                        | 20. The award amount is determined by a census-based allo   | ocation of available grant funding.                                 |
| The performance period for this award is 7/1/20-6/30/21. The now these grant funds were applied. All approved obligations is   |  |   |   |
| to be part of this agreement, are to be funded from the total am   | ount awarded under this a                          | greement. This contract, once executed by both parties, will be   | petreated as the sole invoice for the                               |
| maximum obligation of this contract. COAs are responsible for<br>ANTICIPATED START DATE: (Complete ONE option only) T  |  |   | Contract obligations:   |
| 1. may be incurred as of the Effective Date (latest signature  |  |   | som do, ozngatoro.  |
| 2. may be incurred as of, 20, a date LATER than  | n the Effective Date below                         | v and <u>no</u> obligations have been incurred <u>prior</u> to the Effectiv   |   |
| ✓ 3. were incurred as of <u>JULY 1</u> , 20 20 , a date PRIOR to   |  |   |   |
|  |  | ent payments, and that the details and circumstances of all<br>eases the Commonwealth from further claims related to these  |   |
| 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 perform completing any negotiated terms and warranties, to allow any   | mance expectations and close out or transition per | obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during  | resolving any claim or dispute, for any lapse between amendments.   |
| CERTIFICATIONS: Notwithstanding verbal or other represent  |  |   |   |
| Amendment has been executed by an authorized signatory of approvals. The Contractor certifies that they have accesse   | the Contractor, the Depa                           | rtment, or a later Contract or Amendment Start Date specifi-<br>uments incorporated by reference as electronically publis   | ed above, subject to any required shed 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 furt  | ther agrees to provide any required                                 |
| documentation upon request to support compliance, and a incorporated by reference herein according to the following his  | grees that all terms gove                          | erning performance of this Contract and doing business  | in Massachusetts are attached or                                    |
| Standard Contract Form Instructions and Contractor Certificati   | ions, the Request for Res                          | ponse (RFR) or other solicitation, the Contractor's Response  | e (excluding any language stricken                                  |
| by a Department as unacceptable, and additional negotiated terms, provided that Contractor's Response only if made using the process outlined in 801 CMR 21.07, inco   |  | additional negotiated terms will take precedence over the   | relevant terms in the RFR and the                                   |
| costs, or a more cost effective Contract.  | ani oo i Giviit 2 i.o / , IIICO                    |   |   |
| AUTHORIZING SIGNATURE FOR THE CONTRACTOR:  | 1.1  | AUTHORIZING SIGNATURE FOR THE COMMONWEA   | ALTH:   |
| X: fruith hut. Date:   | 7/1/21   |   | nte: 3-11-2.  |
| (Signature and Date Must Be Handwritten At Time  |  | (Signature and Date Must Be Handwhitten   | At Time of Signature)   |
| Print Name: ANNE MARIE ENOUTH  |  | Print Name:   | Accounting.   |
| Print Title: TOWN ADMINUTERTY.   |  | Print Title:  | TI.   |

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

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| nups://www.macomptroller.org/lorns. Forms are also posted at   | OSD FOITIS. Https://www.i                  | ildas,govillata/osu-lottib.  |   |
|--|--|--|---|
| CONTRACTOR LEGAL NAME: TOWN OF NEW SALEM (and d/b/a):  |  | COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:   |   |
| Legal Address: (W-9, W-4): 15 SOUTH ST<br>NEW SALEM, MA 01235-9329   |  | Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108  |   |
| Contract Manager: DONNA BALLENTINE   | Phone: 978-544-2293                        | Billing Address (if different):  |   |
| E-Mail: newsalemcoa@yahoo.com;   | Fax:                                       | Contract Manager: STACEY ANNE OCONNELL   | Phone: 617-222-7419   |
| Contractor Vendor Code: VC6000191906   |  | E-Mail: STACEY,OCONNELL@MASS.GOV   | Fax: 617-727-9368   |
| Vendor Code Address ID (e.g. "AD001"): AD 001.   |  | MMARS Doc ID(s): FY21COANEWSALEM00000  |   |
| (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   | ı 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<br>Department Procurement (includes all Grants - 815 CMR  | t)<br>2.00\ (Solicitation                  | 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 Contra  | act and updated scope/budget)                               |
| Emergency Contract (Attach justification for emergency, s  | cope, budget)                              | Contract Employee (Attach any updates to scope or I  |   |
| Contract Employee (Attach Employment Status Form, sco.   |  | Other Procurement Exception (Attach authorizing la   |   |
| specific exemption or earmark, and exception justification,  | scope and budget)                          | scope and budget)  | - AND - COM- PRINCIPLE - COM-                               |
| The Standard Contract Form Instructions and Contractor into this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions   | Sertifications and the foon): Commonwealth | Illowing Commonwealth Terms and Conditions documer<br>Ferms and Conditions <u>✓</u> Commonwealth Terms and Conditi   | itare incorporated by reference<br>ons For Human and Social |
| COMPENSATION: (Check ONE option): The Department cert  | ifies that payments for au                 | thorized performance accepted in accordance with the terms   | of this Contract will be supported                          |
| in the state accounting system by sufficient appropriations or c Rate Contract. (No Maximum Obligation) Attach details of  | other non-appropriated fur                 | nds, subject to intercept for Commonwealth owed debts unde   | er 815 CMR 9.00.  |
| ✓ Maximum Obligation Contract. Enter total maximum oblig   | gation for total duration of               | this contract (or <b>new</b> total if Contract is being amended). \$ _   | 6,000.00.   |
| PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pa  | 01   |  | V   |
| identify a PPD as follows: Payment issued within 10 days   | 6 PPD: Payment issued w                    | ithin 15 days % PPD; Payment issued within 20 days   | % PPD; Payment issued within 30                             |
| days% PPD. If PPD percentages are left blank, identify reason: agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initing payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.) |  |  | M.G.L. c. 29, § 23A); only initial                          |
| BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or I   | REASON FOR AMENDM                          | ENT: This contract is to distribute a formula grant award to the   | e Councils on Aging of the                                  |
| municipalities of the Commonwealth, as appropriated in the Ch  | apter 227 of the Acts of 20                | 020. The award amount is determined by a census-based allo   | ocation of available grant funding.                         |
| The performance period for this award is 7/1/20-6/30/21. The municipality certifies that th how these grant funds were applied. All approved obligations incurred prior to the effective   |  | 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                  | greement. This contract, once executed by both parties, will t   | be treated as the sole invoice for the                      |
| maximum obligation of this contract. COAs are responsible for  | returning this executed co                 | ntract by no later than June 30, 2021.   |   |
| ANTICIPATED START DATE: (Complete ONE option only)   |  |  | Contract obligations:                                       |
| 1. may be incurred as of the Effective Date (latest signature 2. may be incurred as of, 20, a date LATER tha   | and no oblight the Effective Date below    | gations have been incurred <u>prior</u> to the Effective Date.  wand no oblinations have been incurred <b>prior</b> to the Effective   | e Date  |
| ✓ 3, were incurred as of <u>JULY1</u> , 20 20 , a date PRIOR to  | the 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   | as authorized reimbursem                   | ent payments, and that the details and circumstances of all  | obligations under this Contract are                         |
|  |  | eases the Commonwealth from further claims related to these  |   |
| CONTRACT END DATE: Contract performance shall termin<br>amended, provided that the terms of this Contract and perfor   | nate as of <u>JUNE 30</u> ,                | 20 21, with no new obligations being incurred after this da  | ite unless the Contract is properly                         |
| completing any negotiated terms and warranties, to allow any   | close out or transition per                | formance, reporting, invoicing or final payments, or during  | any lapse between amendments.                               |
| CERTIFICATIONS: Notwithstanding verbal or other represent  | tations by the parties, the                | "Effective Date" of this Contract or Amendment shall be  | 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 specifi  | ed above, subject to any required                           |
| approvals. The Contractor certifies that they have accesse certifications required under the Standard Contract Form Instru   | d and reviewed all doc                     | uments incorporated by reference as electronically publis  | thed and the Contractor makes all                           |
| documentation upon request to support compliance, and a  | grees that all terms gove                  | erning performance of this Contract and doing business   | in Massachusetts are attached or                            |
| incorporated by reference herein according to the following his  | erarchy of document preci                  | edence, the applicable Commonwealth Terms and Condition  | is, this Standard Contract Form, he                         |
| Standard Contract Form Instructions and Contractor Certificat<br>by a Department as unacceptable, and additional negotiat  | ons, the Request for Res                   | ponse (RFR) or other solicitation, the Contractor's Response additional negotiated terms will take precedence over the   | relevant terms in the RFR and the                           |
| Contractor's Response only if made using the process outline   | d in 801 CMR 21.07, inco                   | rporated herein, provided that any amended RFR or Respor   | se terms result in best value, lower                        |
| costs, or a more cost effective Contract.  |  | ALTHORIZING GIONATURE CONTROLLING  | NI TU.  |
| AUTHORIZING SIGNATURE FOR THE CONTRACTOR:  | last.                                      | AUTHORIZING SIGNATURE FOR THE COMMONWEA  | 1 1 1   |
| X:   | 1/26/2021                                  | X: Da Date Must Be Handwritten   | At Time of Signature)                                       |
| (Signature and Date Must Be Handwritten At Time  | or Signature)                              | Print Name: CM COD NE CA   | /   |
| Print Name: Rand Godes.  Print Title: Stock baged Chair.   |  | Print Title:   | Acountin  |
| Print Title: St 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |  | The late of the state of the st | 1 Anni  |

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



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

| Titips://www.macomprofiler.org/forms. Torms are also posted at   | OOD 1 OTHB. Https://www.i                                       | Taboo.go villotoroda Torrito.   |   |
|--|---|---|---|
| CONTRACTOR LEGAL NAME: TOWN OF NEWBURY (and d/b/a):  |   | COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:  |   |
| Legal Address: (W-9, W-4): 12 KENT WAY, STE10<br>NEWBURY, MA 01922-1221  |   | Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108   |   |
| Contract Manager: MAGGIE MALLEY  | Phone: 978-462-8114   | Billing Address (if different):   |   |
| E-Mail: coa@townofnewbury.org  | Fax:  | Contract Manager: STACEY ANNE OCONNELL  | Phone: 617-222-7419   |
| Contractor Vendor Code: VC6000191908   |   | E-Mail: STACEY.OCONNELL@MASS.GOV  | Fax: 617-727-9368   |
| Vendor Code Address ID (e.g. "AD001"): AD 001.   |   | MMARS Doc ID(s): FY21COANEWBURY000000   |   |
| (Note: The Address ID must be set up for EFT payments.)  |   | RFR/Procurement or Other ID Number: BD-21-1040-10   | 40 C-1040L-57550  |
| X NEW CONTRACT  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 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) |   |
| Contract Employee (Attach Employment Status Form, sco  | ge, legislation with  | Other Procurement Exception (Attach authorizing last<br>scope and budget)   | 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 foon): Commonwealth                      | Ilowing Commonwealth Terms and Conditions documer<br>Ferms and Conditions <u>V</u> Commonwealth Terms and Condition   | nt are incorporated by reference<br>ons For Human and Social  |
| COMPENSATION: (Check ONE option): The Department ceri in the state accounting system by sufficient appropriations or compensation. ■ Rate Contract. (No Maximum Obligation) Attach details or Maximum Obligation Contract. Enter total maximum obligation.   | other non-appropriated fur<br>all rates, units, calculation     | ds, subject to intercept for Commonwealth owed debts under<br>ns, conditions or terms and any changes if rates or terms are   | er 815 CMR 9.00.<br>e being amended.)   |
| PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments ridentify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 45 days% PPD. If PPD percentages are left blank, identify reason:✓_ agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only in payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)  |   |   | % PPD; Payment issued within 30<br>M.G.L. c. 29, § 23A); only initial                                       |
| BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDM municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 20 The performance period for this award is 7/1/20-6/30/21. The municipality certifies that the how these grant funds were applied. All approved obligations incurred prior to the effective be part of this agreement, are to be funded from the total amount awarded under this a maximum obligation of this contract. COAs are responsible for returning this executed co  |   | 120. The award amount is determined by a census-based allo<br>the funds will be used for COA activities, and will complete a five date of this agreement (for which payment obligations have<br>greement. This contract, once executed by both parties, will be   | cation of available grant funding.<br>inal fiscal report accounting for<br>been triggered) and are intended |
| ANTICIPATED START DATE: (Complete ONE option only)   |   |   | Contract obligations:   |
| 1. may be incurred as of the Effective Date (latest signature) 2. may be incurred as of, 20, a date LATER that   | e date below) and <u>no</u> obliq<br>n the Effective Date below | gations have been incurred <u>prior</u> to the Effective Date.  | e Date  |
| 3. were incurred as of <u>JULY1</u> , 20 20 , a date PRIOR to authorized to be made either as settlement payments or   | the Effective Date below,<br>as authorized reimbursem           |   | rred prior to the Effective Date are obligations under this Contract are                                    |
| CONTRACT END DATE: Contract performance shall termin<br>amended, provided that the terms of this Contract and perfor<br>completing any negotiated terms and warranties, to allow any   | mance expectations and close out or transition per              | obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during  | resolving any claim or dispute, for any lapse between amendments.   |
| CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this 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 FormInstructions 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 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 men additional negotiated terms are cost effective Contract.  **AUTHORIZATION SIGNATURE FOR THE CONTRACTOR** |   | 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, the excluding any language stricken relevant terms in the RFR and the se terms result in best value, lower   |   |
| AUTHORIZING SIGNATURE FOR THE CONTRACTOR:  X:  |   | AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X:   |   |
| THE THE TOTAL TOTAL  |   | THE THIS  |   |

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 or to 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:

| Proprose | Pro

| are incorporated by reference herein. Additional non-co<br>https://www.macomptroller.org/forms. Forms are also posted a  | nflicting terms may be a   | dded by Attachment. Contractors are required to acce   | ess published forms at CTR Forms:  |
|--|--|--|--|
| CONTRACTOR LEGAL NAME: CITY OF NEWTON (and d/b/a):   |  | COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:   |  |
| Legal Address: (W-9, W-4): 1000 COMMONWEALTH AVE<br>NEWTON, MA 02459-1400  |  | Business Mailing Address: 1 ASHBURTON PL BO  | STON, MA 02108   |
| Contract Manager: JAYNE COLINO   | Phone: 617-796-1671  | Billing Address (if different):  |  |
| E-Mail: jcolino@newtonma.gov   | Fax:   | Contract Manager: STACEY ANNE OCONNELL   | Phone: 617-222-7419  |
| Contractor Vendor Code: VC6000192120   | -  | E-Mail: STACEY.OCONNELL@MASS.GOV   | Fax: 617-727-9368  |
| Vendor Code Address ID (e.g. "AD001"): AD 001.   |  | MMARS Doc ID(s): FY21COANEWTON0000000  |  |
| (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)   |  | 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 Contracto into this Contract and are legally binding: (Check ONE of Services Commonwealth IT Terms and Conditions  COMPENSATION: (Check ONE option): The Department of in the state accounting system by sufficient appropriations or Rate Contract. (No Maximum Obligation) Attach details  Maximum Obligation Contract. Enter total maximum ob   | ortion):Commonwealth  criffies that payments for a  r other non-appropriated fu  of all rates, units, calculati  | Terms and Conditions <a href="Commonwealth Terms">Commonwealth Terms</a> and Conduction in the terms and Conduction in the terms and conductions or terms and any changes if rates or terms and any changes if rates or terms.   | rms of this Contract will be supported nder 815 CMR 9.00. are being amended.)  |
| identify a PPD as follows: Payment issued within 10 days days PPD. If PPD percentages are left blank, identify payment (subsequent payments scheduled to support stan BRIEF DESCRIPTION OF CONTRACT PERFORMANCE of municipalities of the Commonwealth, as appropriated in the Commonwealth, as a appropriated in the Commonwealth, as a propriated in the Commonwealth, as a propriated in th | reason:agree to sta<br>dard EFT 45 day paymen<br>r REASON FOR AMENDM<br>Chapter 227 of the Acts of 2<br>e municipality certifies that<br>s incurred prior to the effect<br>mount awarded under this<br>or returning this executed or | Indard 45 day cycle statutory/legal of Ready Payment t cycle. See Prompt Pay Discounts Policy.)  IENT: This contract is to distribute a formula grant award to complete a formula grant award to complete will be used for COA activities, and will complete live date of this agreement (for which payment obligations hardeement. This contract, once executed by both parties, wontract by no later than June 30, 2021.   | the Councils on Aging of the allocation of available grant funding. a final fiscal report accounting for lave been triggered) and are intended ill be treated as the sole invoice for the  |
| 3. were incurred as of <u>JULY1</u> , 20 20 , a date PRIOR to authorized to be made either as settlement payments of attached and incorporated into this Contract. Acceptar CONTRACT ENDIDATE: Contract performance shall terror.  | ure date below) and <u>no</u> ob<br>nan the Effective Date below<br>of the Effective Date below<br>or as authorized reimburse<br>noe of payments forever re  | ligations have been incurred <u>prior</u> to the Effective Date.  by and <u>no</u> obligations have been incurred <u>prior</u> to the Effect,  and the parties agree that payments for any obligations in  ment payments, and that the details and circumstances of  leases the Commonwealth from further claims related to th  20 21, with no new obligations being incurred after this   | ctive Date.  ncurred prior to the Effective Date are all obligations under this Contract are ese obligations.  s date unless the Contract is properly  |
| amended, provided that the terms of this Contract and performed any negotiated terms and warranties, to allow an CERTIFICATIONS: Notwithstanding verbal or other repression and the standard signatory approvals. The Contractor certifies that they have access certifications required under the Standard Contract Form Instructions and Contract Form Instructions and Contract Form Instructions and Contractor Certific by a Department as unacceptable, and additional negotion contractor's Response only if made using the process outliness and contract as the standard Contract Form Instructions and Contractor's Response only if made using the process outliness and contract as the standard Contract Form Instructions and Contractor's Response only if made using the process outliness that the standard Contractor's Response only if made using the process outliness that the standard Contractor Centractor's Contractor.  | entations by the parties, the of the Contractor, the Depised and reviewed all do structions and Contractor (agrees that all terms go hierarchy of document presented the result of the Request for Resisted terms, provided that     | e "Effective Date" of this Contract or Amendment shall be artment, or a later Contract or Amendment Start Date specuments incorporated by reference as electronically purcertifications under the pains and penalties of perjury, and verning performance of this Contract and doing busine cedence, the applicable Commonwealth Terms and Conditional negotiated terms will take precedence over the additional negotiated terms will take precedence over the contractor's Response.                                   | the latest date that this Contract or cified above, subject to any required blished and the Contractor makes all further agrees to provide any required ess in Massachusetts are attached or tions, this Standard Contract Form, the make (excluding any language stricken the relevant terms in the RFR and the |
| costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE CONTRACTOR:  X:   | 2/18/21  |  | VEALTH:  Date: 3-4-2/ Then At Time of Signature)   |

(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.maco.mytroller.org/forms\_Forms\_are\_also\_posted\_at\_OSD\_Forms\_thtps://www.maco.mytroller.org/forms\_Forms\_are\_also\_posted\_at\_OSD\_Forms\_thtps://www.maco.mytroller.org/forms\_are\_also\_posted\_at\_OSD\_Forms\_thtps://www.maco.mytroller.org/forms\_forms\_are\_also\_posted\_at\_OSD\_Forms\_thtps://www.maco.mytroller.org/forms\_forms\_are\_also\_posted\_at\_OSD\_Forms\_thtps://www.maco.mytroller.org/forms\_forms\_are\_also\_posted\_at\_OSD\_Forms\_thtps://www.maco.mytroller.org/forms\_forms\_are\_also\_posted\_at\_OSD\_Forms\_thtps://www.maco.mytroller.org/forms\_are\_also\_posted\_at\_OSD\_Forms\_thtps://www.maco.mytroller.org/forms\_are\_also\_posted\_at\_OSD\_Forms\_thtps://www.maco.mytroller.org/forms\_are\_also\_posted\_at\_OSD\_Forms\_thtps://www.maco.mytroller.org/forms\_are\_also\_posted\_at\_OSD\_Forms\_thtps://www.maco.mytroller.org/forms\_are\_also\_posted\_at\_OSD\_Forms\_thtps://www.maco.mytroller.org/forms\_are\_also\_posted\_at\_OSD\_Forms\_thtps://www.maco.mytroller.org/forms\_are\_also\_posted\_at\_OSD\_Forms\_thtps://www.maco.mytroller.org/forms\_are\_also\_posted\_at\_OSD\_Forms\_thtps://www.maco.mytroller.org/forms\_are\_also\_posted\_at\_OSD\_Forms\_thtps://www.maco.mytroller.org/forms\_are\_also\_posted\_at\_OSD\_Forms\_thtps://www.maco.mytroller.org/forms\_are\_also\_

| nups.//www.macompiroller.org/lorns. Forms are also posted at   | OSD FOITIS, Https://www   | mass.govinsisiosu-ioms.  |   |
|--|---|--|---|
| CONTRACTOR LEGAL NAME: TOWN OF NORFOLK (and d/b/a):  |   | COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:                           |   |
| Legal Address: (W-9, W-4): 1 LIBERTY LN<br>NORFOLK, MA 02056-1499  |   | Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108  |   |
| Contract Manager: SHERYL NORMAN  | Phone: 508-528-4430   | Billing Address (if different):  |   |
| E-Mail: snorman@norfolk.ma.us  | Fax:  | Contract Manager: STACEY ANNE OCONNELL   | Phone: 617-222-7419   |
| Contractor Vendor Code: VC6000191909   |   | E-Mail: STACEY.OCONNELL@MASS.GOV   | Fax: 617-727-9368   |
| Vendor Code Address ID (e.g. "AD001"): AD 001.   |   | MMARS Doc ID(s): FY21COANORFOLK000000  |   |
| (Note: The Address ID must be set up for EFT payments.)  |   | RFR/Procurement or Other ID Number: BD-21-1040-10  | 040C-1040L-57550  |
| X NEW CONTRACT   |   | CONTRACT AMEND   | MENT  |
| PROCUREMENT OR EXCEPTION TYPE: (Check one option   | only)   | Enter Current Contract End Date <u>Prior</u> to Amendment:, 20   |   |
| Statewide Contract (OSD or an OSD-designated Departm   |   | Enter Amendment Amount: \$ (or "no change  | 153   |
| Collective Purchase (Attach OSD approval, scope, budge   |   | AMENDMENT TYPE: (Check one option only. Attach d   | in difference on a money with a public and the money and an experience of the contract of the |
| Department Procurement (includes all Grants - 815 CMR<br>Notice or RFR, and Response or other procurement supp   |   | Amendment to Date, Scope or Budget (Attach updated) Interim Contract (Attach justification for Interim Contract) | 8 80 0  |
| 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<br>✓ Other Procurement Exception (Attach authorizing language  |   | Other Procurement Exception (Attach authorizing lar  |   |
| specific exemption or earmark, and exception justification, s  |   | scope and budget)  | 33-,  |
| The Standard Contract Form Instructions and Contractor (   | Certifications and the fo   | llowing Commonwealth Terms and Conditions documen  | t are incorporated by reference   |
| into this Contract and are legally binding: (Check ONE opti<br>Services Commonwealth IT Terms and Conditions   | on): Commonwealth   | Ferms and Conditions <u>✓</u> Commonwealth Terms and Condition   | 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 fur   | nds, subject to intercept for Commonwealth owed debts unde   | r 815 CMR 9.00.   |
| Rate Contract. (No Maximum Obligation) Attach details of  ✓ Maximum Obligation Contract. Enter total maximum oblig   |   |  |   |
|  |   | , , , , , , , , , , , , , , , , , , ,  |   |
| PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pa  |   |  |   |
| identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: <a href="mailto:square"></a> agree to standard 45 day cyclestatutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial  |   |  |   |
| payment (subsequent payments scheduled to support standa   |   |  |   |
| BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or F municipalities of the Commonwealth, as appropriated in the Cha  |   |  |   |
| The performance period for this award is 7/1/20-6/30/21. The m   | nunicipality certifies that th  | ne funds will be used for COA activities, and will complete a fi   | inal fiscal report accounting for   |
| how these grant funds were applied. All approved obligations in<br>to be part of this agreement, are to be funded from the total amount  |   |  |   |
| maximum obligation of this contract. COAs are responsible for  |   |  | e treated as the sole involce of the  |
| The state of the s | 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> obliq   | gations have been incurred prior to the Effective Date.  | D. I  |
|  |   |  |   |
|  |   | ent payments, and that the details and circumstances of all c  |   |
|  |   | ases the Commonwealth from further claims related to these   |   |
| CONTRACT END DATE: Contract performance shall termin   |   |  |   |
| amended, provided that the terms of this Contract and perform completing any negotiated terms and warranties, to allow any of the completing any negotiated terms.   |   |  |   |
| CERTIFICATIONS: Notwithstanding verbal or other represent  |   |  |   |
| Amendment has been executed by an authorized signatory of  |   |  |   |
| approvals. The Contractor certifies that they have accessed  |   |  |   |
| certifications required under the Standard Contract FormInstru<br>documentation upon request to support compliance, and ag   |   |  |   |
| incorporated by reference herein according to the following hie  |   |  |   |
| Standard Contract Form Instructions and Contractor Certificati   |   |  |   |
| by a Department as unacceptable, and additional negotiate<br>Contractor's Response only if made using the process outlined   |   |  |   |
| costs, or a more cost effective Contract.  |   |  |   |
| AUTHORIZING SIGNATURE FOR THE CONTRACTOR:  | 1   | AUTHORIZING SIGNATURE FOR THE COMMONWEA  | LTH: 2 7 - 2 /  |
| X: Distribution Date:  | 3116/21   | X: Da  |   |
| (Signature and Date Must Be Handwritten At Time  | of Signature)   | (Signature and Date Must Be Handwitten   | at time of Signature)   |
| Print Name: Blythec, Robinson  |   | Print Name:  | FIBUNTON  |





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:

| Provide the Commonwealth of the Commonwealth of the CTR Forms are also nosted at OSD Forms: https://www.mass.gov/lists/osd-forms.

| OSD Forms: https://www.m   | ass.gov/iists/osd-torns.  | OFFICE OF FLORD AFFAIRS  |  |
|--|---|--|--|
| CONTRACTOR LEGAL NAME: CITY OF NORTH ADAMS (and d/b/a):  |   | COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:   |  |
| Legal Address: (W-9, W-4): 10 MAIN ST<br>NORTH ADAMS, MA 01247-3419  |   | Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108  |  |
| Phone: 413-662-3125  | 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): FY21COANORTHADAMS000   |  |  |
|  | RFR/Procurement or Other ID Number: BD-21-1040-   | 1040C-1040L-57550  |  |
| ent) ) 2.00) (Solicitation orting documentation) cope, budget) pe, budget) ge, legislation with  | Enter Current Contract End Date <u>Prior</u> to Amendment Enter Amendment Amount: \$ (or "no chark AMENDMENT TYPE: (Check one option only. Attach Amendment to Date, Scope or Budget (Attach upo Interim Contract (Attach justification for Interim Contract Employee (Attach any updates to scope of   | ge") details of amendment changes.) dated scope and budget) tract and updated scope/budget) r budget)  |  |
| and the fo   | llowing Commonwealth Terms and Conditions docum<br>Ferms and Conditions ✓ Commonwealth Terms and Cond   | entare incorporated by reference<br>litions For Human and Social   |  |
| other non-appropriated tun<br>fall rates units calculatio  | ns, subject to intercept for Commonwealth owed debts di<br>ns, conditions or terms and any changes if rates or terms  | are 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.) |   |  |  |
| napter 227 of the Acts of 20<br>municipality certifies that the<br>incurred prior to the effection   | )20. The award amount is determined by a certisus-based in<br>he funds will be used for COA activities, and will complete<br>we date of this agreement (for which payment obligations had<br>harreement. This contract, once executed by both parties, w  | a final fiscal report accounting for ave 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:  |   |  |  |
| nate as of <u>JUNE 30</u> ,<br>rmance expectations and<br>close out or transition pe   | , 20 <u>21,</u> with no new obligations being incurred after this<br>d obligations shall survive its termination for the purpose<br>aformance, reporting, involcing or final payments, or dur   | s date unless the Contract is properly<br>of resolving any claimor dispute, for<br>ing any lapse between amendments  |  |
| If the Contractor, the Depi<br>ed and reviewed all doc<br>ructions and Contractor C<br>agrees that all terms gov<br>ierarchy of document prev<br>itions, the Request for Res   | artment, or a later Contract or Amendment Start Date spe-<br>cuments incorporated by reference as electronically pu-<br>certifications under the pains and penalties of perjury, and<br>verning performance of this Contract and doing busing<br>cedence, the applicable Commonwealth Terms and Cond<br>sponse (RER) prothersolicitation, the Contractor's Respo  | tchied above, subject to any required blished and the Contractor makes all further agrees to provide any required east in Massachusetts are attached o altions, this Standard Contract Form, he made (excluding any language stricker the relevant terms in the RFR and the  |  |
|  | Phone: 413-662-3125  Fax:  I only)  ent)  2.00) (Solicitation orting documentation) cope, budget)  ge, legislation with scope and budget)  Certifications and the following period of the season:  — Commonwealth Total duration of all the season: — Commonwealth Total duration of all rates, units, calculating gation for total duration of ayments are issued throw PPD; Payment issued we asson: — Agree to state and EFT 45 day payment REASON FOR AMENDM hapter 227 of the Acts of 20 municipality certifies that the incurred prior to the effection unit awarded under this a returning this executed contraction and the Effective Date below as authorized reimburser of payments forever relianted as ofUNE 30 | Phone: 413-662-3125 Billing Address (if different):  Fax: Contract Manager: STACEY ANNE OCONNELL E-Mail: STACEY.OCONNELL@MASS.GOV MMARS Doc ID(s): FY21COANORTHADAMS000  RFR/Procurement or Other ID Number: BD-21-1040-  10 CONTRACT AMENI Enter Current Contract End Date Prior to Amendment: Enter Amendment Amount: \$ |  |

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

| https://www.macomptroller.org/forms. Forms are also posted at OSD Forms: https://www.mass.gov/lists/osd-forms.   |  |  |   |  |
|--|--|--|---|--|
| CONTRACTOR LEGAL NAME: TOWN OF NORTH ATTLEBOR (and d/b/a):   | ROUGH  | COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:   |   |  |
| Legal Address: (W-9, W-4): 43 S WASHINGTON ST<br>NORTH ATTLEBORO, MA 02760   | -1642  | Business Mailing Address: 1 ASHBURTON PL BOST  | ON, MA 02108  |  |
| Contract Manager: PAMELA HUNT  | Phone: 508-699-0131  | Billing Address (if different):  |   |  |
| E-Mail: phunt@nattleboro.com   | Fax:   | Contract Manager: STACEY ANNE OCONNELL   | Phone: 617-222-7419   |  |
| Contractor Vendor Code: VC6000191912   |  | E-Mail: STACEY.OCONNELL@MASS.GOV   | Fax: 617-727-9368   |  |
| Vendor Code Address ID (e.g. "AD001"): AD 001.   |  | MMARS Doc ID(s): FY21COANORTHATTLEBOR  |   |  |
| (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  |  | Enter Current Contract End Date Prior to Amendment:  | CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment:, 20 |  |
| 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)   |  | 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<br>specific exemption or earmark, and exception justification, s  |  | Other Procurement Exception (Attach authorizing lar scope and budget)  | iguagerjusuncation and updated  |  |
| The Standard Contract Form Instructions and Contractor Control into this Contract and are legally binding: (Check ONE options and Conditions)  | Certifications and the fo  |  |   |  |
| in the state accounting system by sufficient appropriations or o<br>Rate Contract. (No Maximum Obligation) Attach details of   | COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. |  |   |  |
| PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: _ <a href="#cq_agree"><a (excluding="" (rfr)="" 21.07,="" 801="" a="" above,="" accessed="" according="" additional="" agrees="" all="" amended="" amendment="" an="" and="" any="" applicable="" approvals.="" are="" as="" attached="" authorized="" authorizing="" be="" been="" best="" business="" by="" certifications="" certifications,="" certifies="" cmr="" commonwealth="" compliance,="" conditions,="" contract="" contract.="" contractor="" contractor's="" contractor,="" contractor:="" contronwealth:<="" cost="" costs,="" date="" date"="" department="" department,="" document="" documentation="" documents="" doing="" effective="" electronically="" executed="" following="" for="" form="" form,="" further="" governing="" has="" have="" herein="" herein,="" hierarchy="" href="#cq_a&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td colspan=4&gt;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.&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;ANTICIPATED START DATE: (Complete ONE option only) T&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;contract obligations:&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;1. may be incurred as of the Effective Date (latest signature&lt;br&gt;2. may be incurred as of, &lt;b&gt;20&lt;/b&gt;, a date &lt;b&gt;LATER&lt;/b&gt; thar&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;» Data&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;3. were incurred as of &lt;u&gt;JULY 1&lt;/u&gt;, 20 20 , a date PRIOR to the authorized to be made either as settlement payments or a&lt;/td&gt;&lt;td&gt;ne Effective Date below,&lt;br&gt;is authorized reimbursem&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;rred prior to the Effective Date are&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td colspan=4&gt;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.&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td colspan=5&gt;CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the " if="" in="" incorporated="" instructions="" language="" later="" latest="" lower="" made="" makes="" massachusetts="" more="" negotiated="" of="" only="" or="" other="" outlined="" over="" pains="" penalties="" performance="" perjury,="" precedence="" precedence,="" process="" provide="" provided="" published="" reference="" relevant="" request="" required="" response="" result="" reviewed="" rfr="" shall="" signatory="" signature="" solicitation,="" specified="" standard="" start="" stricken="" subject="" support="" take="" td="" terms="" terms,="" that="" the="" they="" this="" to="" unacceptable,="" under="" upon="" using="" value,="" will=""></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a> |  |  |   |  |
| x: Mullin Date: 2  | LSJANZ1  | x: fachel Goldsterning   | 10. 2/8/2021  |  |
| (Signature and Date Must Be Handwritten At Time  | of Signature)  | (Signature and Date Must Be Handwritten A  | At Time of Signature)   |  |
| Print Name: MICHAEL D. BOKG  |  | X: facul Goldster. Date: 2/8/2021 (Signature and Date Must Be Handwritten At Time of Signature) Print Name: Received Collegery   |   |  |
|  |  | Print Title:   |   |  |

HIA

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

| https://www.macomptroller.org/forms. Forms are also posted at  | OSD Forms: https://www.  | .mass.gov/lists/osd-forms.   |  |
|--|--|--|--|
| CONTRACTOR LEGAL NAME: TOWN OF NORTH READING (and d/b/a):  |  | COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:   |  |
| Legal Address: (W-9, W-4): 235 NORTH ST<br>NORTH READING, MA 01864-1258  |  | Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108  |  |
| Contract Manager: MARY S. PRENNEY  | Phone: 978-664-5600  | Billing Address (if different):  |  |
| E-Mail: mprenney@northreadingma.gov  | Fax:   | Contract Manager: STACEY ANNE OCONNELL   | Phone: 617-222-7419  |
| Contractor Vendor Code: VC6000191915   |  | E-Mail: STACEY,OCONNELL@MASS.GOV   | Fax: 617-727-9368  |
| Vendor Code Address ID (e.g. "AD001"): AD 001.   |  | MMARS Doc ID(s): FY21COANORTHREADING0  |  |
| (Note: The Address ID must be set up for EFT payments.)  |  | RFR/Procurement or Other ID Number: BD-21-1040-  | 1040 C-1040L-57550   |
| X NEW CONTRACT  PROCUREMENT OR EXCEPTION TYPE: (Check one option only)  Statewide Contract (OSD or an OSD-designated Department)  Collective Purchase (Attach OSD approval, scope, budget)  Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation)  Emergency Contract (Attach justification for emergency, scope, budget)  Contract Employee (Attach Employment Status Form, scope, budget)  Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)   |  | CONTRACT AMENDMENT  Enter Current Contract End Date Prior to Amendment:, 20  Enter Amendment Amount: \$ (or "no change")  AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) Amendment to Date, Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget) Contract Employee (Attach any updates to scope or budget) Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)  Illowing Commonwealth Terms and Conditions document are incorporated by reference   |  |
| into this Contract and are legally binding: (Check ONE opti<br>Services Commonwealth IT Terms and Conditions  COMPENSATION: (Check ONE option): The Department cert<br>in the state accounting system by sufficient appropriations or of<br>Rate Contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum obligation PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth po   | ifies that payments for au<br>other non-appropriated fur<br>fall rates, units, calculation<br>gation for total duration o<br>ayments are issued thro   | athorized performance accepted in accordance with the term ds, subject to intercept for Commonweath owed debts unions, conditions or terms and any changes if rates or terms a f this contract (or <i>new</i> total if Contract is being amended). \$ ugh EFT 45 days from invoice receipt. Contractors requ   | ns of this Contract will be supported der 815 CMR 9.00. re being amended.) 32,568.00. 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 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) \(^1\). may be incurred as of the Effective Date (latest signature) \(^2\). may be incurred as of \(\), 20 \(\), a date LATER that \(^2\). 3. were incurred as of \(_1\)ULY \(^1\), 20 \(_20\), a date PRIOR to authorized to be made either as settlement payments or attached and incorporated into this Contract. Acceptance CONTRACT END DATE: Contract performance shall terminamended, provided that the terms of this Contract and performance properties and warranties, to allow any   | e date bebw) and <u>no</u> oblin the Effective Date below, the Effective Date below, as authorized reimbursen to f payments forever release of <u>JUNE 30</u> , mance expectations and                           | gations have been incurred <u>prior</u> to the Effective Date.  w and <u>no</u> obligations have been incurred <u>prior</u> to the Effect and the parties agree that payments for any obligations incurred payments, and that the details and circumstances of a cases the Commonwealth from further claims related to the 2021, with no new obligations being incurred after this of  | ive Date, curred prior to the Effective Date are Il obligations under this Contract are se obligations. date unless the Contract is properly of resolving any claimor dispute, for   |
| CERTIFICATIONS: Notwithstanding verbal or other represent Amendment has been executed by an authorized signatory of approvals. The Contractor certifies that they have accessed certifications required under the Standard Contract Form Instructions and contract Form Instructions and Contract Form Instructions and Contractor Certificate by a Department as unacceptable, and additional negotiate Contractor's Response only if made using the process outline costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FORTHE CONTRACTOR:  X:  (Signature and Date Must Be Handwritten At Time Print Name:  Print Title:   | the Contractor, the Depart and reviewed all docuctions and Contractor C grees that all terms governors, the Request for Resed terms, provided that din 801 CMR 21.07, incompared to the Contractor of Signature) | artment, or a later Contract or Amendment Start Date speciments incorporated by reference as electronically public ertifications under the pains and penalties of perjury, and furthering performance of this Contract and doing business redence, the applicable Commonwealth Terms and Conditional Reponse (RFR) or other solicitation, the Contractor's Response additional negotiated terms will take precedence over the provided that any amended RFR or Response to the provided that the contractor's Response to the provided that the provided that the commonwealth Commo | ified above, subject to any required lished and the Contractor makes all rither agrees to provide any required is in Massachusetts are attached or ons, this Standard Contract Form, the se (excluding any language stricken e relevant terms in the RFR and the onse terms result in best value, lower EALTH: |

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.maccomptoller.org/forms\_Forms\_are\_also\_posted\_at\_OSD\_Forms: https://www.maccomptoller.org/forms\_Forms\_are\_also\_posted\_at\_OSD\_Forms: https://www.maccomptoller.org/forms\_Forms\_are\_also\_posted\_at\_OSD\_Forms: https://www.maccomptoller.org/forms\_Forms\_are\_also\_posted\_at\_OSD\_Forms: https://www.maccomptoller.org/forms\_Forms\_are\_also\_posted\_at\_OSD\_Forms: https://www.maccomptoller.org/forms\_Forms\_are\_also\_posted\_at\_OSD\_Forms: https://www.maccomptoller.org/forms\_Forms\_are\_also\_posted\_at\_OSD\_Forms: https://www.maccomptoller.org/forms\_Forms\_are\_also\_posted\_at\_OSD\_Forms\_are\_also\_posted\_at

| https://www.macomptroller.org/forms. Forms are also posted at  | OSD Forms: https://www.                                 | mass.gov/lists/osd-forms.   |  |  |
|--|---|---|--|--|
| CONTRACTOR LEGAL NAME: TOWN OF NORTHBOROUGH (and d/b/a):   |   | COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:                                      |  |  |
| Legal Address: (W-9, W-4): 63 MAIN ST<br>NORTHBOROUGH, MA 01532-1937   |   | Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108   |  |  |
| Contract Manager: LIZ TRETIAK  | Phone: 508-393-5035                                     | Billing Address (if different):   |  |  |
| E-Mail: IrewriK@town.northborough.ma.us  | Fax:  | Contract Manager: STACEY ANNE OCONNELL  | Phone: 617-222-7419  |  |
| Contractor Vendor Code: VC6000191917   |   | E-Mail: STACEY.OCONNELL@MASS.GOV  | Fax: 617-727-9368  |  |
| Vendor Code Address ID (e.g. "AD001"): AD 001.   |   | MMARS Doc ID(s): FY21COANORTHBOROUGH0   | 5.   |  |
| (Note: The Address ID must be set up for EFT payments.)  |   | RFR/Procurement or Other ID Number: BD-21-1040-10   | 040C-1040L-57550   |  |
| X NEW CONTRACT   |   | CONTRACT AMEND  | MENT   |  |
| PROCUREMENT OR EXCEPTION TYPE: (Check one option   | only)   | Enter Current Contract End Date <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<br>Department Procurement (includes all Grants - 815 CMR  |   | AMENDMENT TYPE: (Check one option only. Attach of   |  |  |
| Notice or RFR, and Response or other procurement supp  |   | Amendment to Date, Scope or Budget (Attach upda<br>Interim Contract (Attach justification for Interim Contra                |  |  |
| Emergency Contract (Attach justification for emergency, s  |   | Contract Employee (Attach any updates to scope or I   |  |  |
| Contract Employee (Attach Employment Status Form, sco<br>✓ Other Procurement Exception (Attach authorizing langua)   |   | Other Procurement Exception (Attach authorizing la  |  |  |
| specific exemption or earmark, and exception justification,  |   | scope and budget)   | 5 13 33 191  |  |
| The Standard Contract Form Instructions and Contractor of into this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions  | Certifications and the foon):Commonwealth               | ollowing Commonwealth Terms and Conditions documer<br>Terms and Conditions <u>✓</u> Commonwealth Terms and Conditi          | nt are incorporated by reference<br>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 fur                               | nds, subject to intercept for Commonwealth owed debts unde  | er 815 CMR 9.00.   |  |
| Rate Contract. (No Maximum Obligation) Attach details of<br>Maximum Obligation Contract. Enter total maximum oblig   |   |   |  |  |
|  |   |   |  |  |
| PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth paidentify a PPD as follows: Payment issued within 10 days9   | ayments are issued thro                                 | ugh EFT 45 days from invoice receipt. Contractors reque-<br>ithin 15 days — % PPD: Payment issued within 20 days            | sting accelerated payments must<br>% PPD: Payment issued within 30   |  |
| days% PPD. If PPD percentages are left blank, identify re  | eason: 🗹 agree to star                                  | ndard 45 day cycle statutory/legal or Ready Payments (  | 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  |   |   | re lieated as the sole involce for the   |  |
| ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:  |   |   |  |  |
| 1. may be incurred as of the Effective Date (latest signature  | e date below) and <u>no</u> oblig                       | gations have been incurred <u>prior</u> to the Effective Date.  |  |  |
| 2. may be incurred as of, 20, a date LATER than  |   |   |  |  |
| ✓ 3. were incurred as of <u>JULY 1, 20 20</u> , a date PRIOR to to   |   | and the parties agree that payments for any obligations incl<br>ent payments, and that the details and circumstances of all | and the second s |  |
|  |   | ases the Commonwealth from further claims related to these  |  |  |
| CONTRACT END DATE: Contract performance shall termin   | ate as of <u>JUNE 30</u> ,                              | 20 21, with no new obligations being incurred after this da   | te unless the Contract is properly   |  |
| amended, provided that the terms of this Contract and perfore completing any negotiated terms and warranties, to allow any   | mance expectations and<br>close out or transition per   | obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during    | resolving any claim or dispute, for any lapse between amendments.  |  |
| Secretary and the second control of the seco |   |   |  |  |
| CERTIFICATIONS: Notwithstanding verbal or other represent Amendment has been executed by an authorized signatory of  | tations by the parties, the<br>the Contractor, the Depa | rtment or a later Contract or Amendment Start Date specific   | ed above, subject to any required  |  |
| approvals. The Contractor certifies that they have accesse   | d and reviewed all doc                                  | 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 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 th<br>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   |   |   | se terms result in best value, lower   |  |
| costs, or a more cost effective Contract.  |   | $\wedge$  |  |  |
| AUTHORIZING SIGNATURE FOR THE CONTRACTOR:  | 1 1   | AUTHORIZING SIGNATURE FOR THE COMMONWEA   | LTH:   |  |
| X: LW LL Date:   | 2/10/21   |   | te 3 - 1/-d/.  |  |
| (Signature and Date Must Be Handwritten At Time  | or Signature)   | (Signature and Date Must Be Handwritten   | At time of Signature)  |  |
| Print Name: Print Title: Print Title: Print Title:   |   |   | Tepuntin D   |  |
| Town Administrator   |   | and Gal   | TAIN DIE   |  |
| TAM VARIETIES  | (Updated 6/30   | 0/20) Page 1 of 1   | M (VIII)   |  |



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

| https://www.macomptroller.org/forms. Forms are also posted at  | OSD Forms: https://www.                                    | mass.gov/lists/osd-forms.   |   |
|--|--|---|---|
| CONTRACTOR LEGAL NAME: TOWN OF NORTHBRIDGE (and d/b/a):  |  | COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:  |   |
| Legal Address: (W-9, W-4): 7 MAIN ST<br>WHITINSVILLE, MA 01588-2247  |  | Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108   |   |
| Contract Manager: KELLY BOL  | Phone: 508-234-2002  | Billing Address (if different): FY21COANORTHBRID  | GE00  |
| E-Mail: kbol@northbridgemass.org   | Fax:   | Contract Manager: STACEY ANNE OCONNELL  | Phone: 617-222-7419   |
| Contractor Vendor Code: VC6000191919   |  | E-Mail: STACEY.OCONNELL@MASS.GOV  | Fax: 617-727-9368   |
| Vendor Code Address ID (e.g. "AD001"): AD 001.   |  | MMARS Doc ID(s):  |   |
| (Note: The Address ID must be set up for EFT payments.)  |  | RFR/Procurement or Other ID Number: BD-21-1040-   | 1040 C-1040L-57550  |
|  |  | CONTRACT 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, s  The Standard Contract Form Instructions and Contractor C into this Contract and are legally binding: (Check ONE option Services Commonwealth IT Terms and Conditions  | Certifications and the fo                                  | Illowing Commonwealth Terms and Conditions docume<br>Ferms and Conditions <u>Commonwealth</u> Terms and Condi   | ent are incorporated by reference<br>tions For Human and Social   |
| COMPENSATION: (Check ONE option): The Department cert in the state accounting system by sufficient appropriations or compensation. Attach details of ✓ Maximum Obligation Contract. Enter total maximum obligation   | ther non-appropriated fur<br>all rates, units, calculation | ids, subject to intercept for Commonwealth owed debts und<br>ns, conditions or terms and any changes if rates or terms a  | der 815 CMR 9.00.<br>re being amended.)   |
| PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payment identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued with days % PPD. If PPD percentages are left blank, identify reason: agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)  BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant fund The performance period for this award is 7/1/20-6/30/21. The municipality certifies that the funds will be used for COA activities, and will complete a final fiscal report accountin how these grant funds were applied. All approved obligations incurred prior to the effective date of this agreement (for which payment obligations have been triggered) and are interested by part of this agreement, are to be funded from the total amount awarded under this agreement. This contract, once executed by both parties, will be treated as the sole invoice 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 location of available grant funding.  I final fiscal report accounting for we been triggered) and are intended be treated as the sole invoice for the   |
| ANTICIPATED START DATE: (Complete ONE option only) T   |  |   | t Contract obligations:   |
| 1. may be incurred as of the Effective Date (latest signature2. may be incurred as of, 20, a date LATER than   | the Effective Date belov                                   | y and <b>no</b> obligations have been incurred <b>prior</b> to the Effecti  | ve Date.  |
| 3. were incurred as of <u>JULY 1</u> , 20 <u>20</u> , a date <u>PRIOR</u> to t<br>authorized to be made either as settlement payments or a   | he Effective Date below,<br>as authorized reimbursem       |   | curred prior to the Effective Date are Ilobligations under this Contract are  |
| CONTRACT END DATE: Contract performance shall termin amended, provided that the terms of this Contract and performance completing any negotiated terms and warranties, to allow any  | mance expectations and                                     | obligations shall survive its termination for the purpose of  | fresolving any claim or dispute, for  |
| CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifications that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor make certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attache 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 image using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, locosts, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE CONTRACTOR:  X:    Date:   1.2.7.2 |  |   | fied above, subject to any required ished and the Contractor makes all rither agrees to provide any required is in Massachusetts are attached or one, this Standard Contract Form, he se (excluding any language stricken e relevant terms in the RFR and the onse terms result in best value, lower EALTH: |

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

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

| CONTRACTOR LEGAL NAME: TOWN OF NORTHFIELD (and d/b/a):   |  | COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:  |                                       |  |
|--|--|---|---------------------------------------|--|
| Legal Address: (W-9, W-4): 69 MAIN ST<br>NORTHFIELD, MA 01360-1017   |  | Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108   |                                       |  |
| Contract Manager: BECKY SOMMER-PETERSEN  | Phone: 413-498-2901  | Billing Address (if different):   |                                       |  |
| E-Mail: SeniorCenter@northfieldma.gov  | Fax:   | Contract Manager: STACEY ANNE OCONNELL  | Phone: 617-222-7419                   |  |
| Contractor Vendor Code: VC6000191921   |  | E-Mail: STACEY.OCONNELL@MASS.GOV  | Fax: 617-727-9368                     |  |
| Vendor Code Address ID (e.g. "AD001"): AD 001.   |  | MMARS Doc ID(s): FY21COANORTHFIELD000   |                                       |  |
| (Note: The Address ID must be set up for EFT payments.)  |  | RFR/Procurement or Other ID Number: BD-21-1040-10   | 040 C-1040L-57550                     |  |
| X NEW CONTRACT  PROCUREMENT OR EXCEPTION TYPE: (Check one option only)  Statewide Contract (OSD or an OSD-designated Department)  Collective Purchase (Attach OSD approval, scope, budget)  Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation)  Emergency Contract (Attach justification for emergency, scope, budget)  Contract Employee (Attach Employment Status Form, scope, budget)  Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)   |  | CONTRACT AMENDMENT  Enter Current Contract End Date <u>Prior</u> to Amendment, 20  Enter Amendment Amount: \$ (or "no change")  AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)  Amendment to Date, Scope or Budget (Attach updated scope and budget)  Interim Contract (Attach justification for Interim Contract and updated scope/budget)  Contract Employee (Attach any updates to scope or budget)  Other Procurement Exception (Attach authorizing language/justification and updated scope and budget) |                                       |  |
| The Standard Contract Form Instructions and Contractor into this Contract and are legally binding: (Check ONE opt Services Commonwealth IT Terms and Conditions  | on): Commonwealth  | Terms and Conditions <u>✓</u> Commonwealth Terms and Condition  | ons For Human and Social              |  |
| COMPENSATION: (Check ONE option): The Department cer in the state accounting systemby sufficient appropriations or a Rate Contract. (No Maximum Obligation) Attach details o Maximum Obligation Contract. Enter total maximum obli   | other non-appropriated fur<br>fall rates, units, calculation | nds, subject to intercept for Commonwealth owed debts unde<br>ons, conditions or terms and any changes if rates or terms are  | er 815 CMR 9.00.<br>e being amended.) |  |
| PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth p identify a PPD as follows: Payment issued within 10 days 6 days % PPD. If PPD percentages are left blank, identify r payment (subsequent payments scheduled to support standard)  | % PPD; Payment issued w<br>eason: <u>✓</u> agree to sta      | ithin 15 days % PPD; Payment issued within 20 days<br>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)   | he Department and Cont                                       | ractor 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 <u>prior</u> to the Effective Date.  | D-1-                                  |  |
| 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 JULY1, 20 20_, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.  |  |   |                                       |  |
| CONTRACT END DATE: Contract performance shall terminate as ofJUNE 30_, 20 21, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.   |  |   |                                       |  |
| CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment shart 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 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 of 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 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. |  |   |                                       |  |
| AUTHODIZING SIGNATURE FOR THE CONTRACTOR   |  | ALITHODIZING SIGNATURE FOR THE COMMONWEA  | ALTID.                                |  |

and Contractiv

(Signature and Date Must Be Handwritten At Time of Signature

Date:

y -

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

Print Title:

10 Date: 2/18

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

Print Name: \_\_\_\_

Print Title:

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| CONTRACTOR LEGAL NAME: TOWN OF NORTON (and d/b/a):   |  | COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:   |  |  |  |
|--|--|--|--|--|--|
| Legal Address: (W-9, W-4):70 E MAIN ST<br>NORTON, MA 02766-2310  |  | Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108  |  |  |  |
| Contract Manager: ELIZABETH ROSSI  | Phone: 508-285-0235  | Billing Address (if different):  |  |  |  |
| E-Mail: ETaylorRossi@nortonmaus.com  | Fax:   | Contract Manager: STACEY ANNE OCONNELL   | Phone: 617-222-7419  |  |  |
| Contractor Vendor Code: VC6000191922   |  | E-Mail: STACEY.OCONNELL@MASS.GOV   | Fax: 617-727-9368  |  |  |
| Vendor Code Address ID (e.g. "AD001"): AD 001.   |  | MMARS Doc ID(s): FY21COANORTON0000000  |  |  |  |
| (Note: The Address ID must be set up for EFT payments.)  |  | RFR/Procurement or Other ID Number: BD-21-1040   | -1040 C-1040L-57550  |  |  |
| X NEW CONTRACT  PROCUREMENT OR EXCEPTION TYPE: (Check one option 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  |  | CONTRACT AMEN Enter Current Contract End Date <u>Prior</u> to Amendmen Enter Amendment Amount: \$ (or "no char AMENDMENT TYPE: (Check one option only. Attac Amendment to Date, Scope or Budget (Attach up | t:, 20 nge") h details of amendment changes.) ndated scope and budget)             |  |  |
| Notice or RFR, and Response or other procurement support Emergency Contract (Attach justification for emergency, so Contract Employee (Attach Employment Status Form, scop Other Procurement Exception (Attach authorizing languag specific exemption or earmark, and exception justification, s   | cope, budget)<br>be, budget)<br>ge, legislation with<br>cope and budget)   | Interim Contract (Attach justification for Interim Co<br>Contract Employee (Attach any updates to scope<br>Other Procurement Exception (Attach authorizing<br>scope and budget)                            | or budget)<br>glanguage/justification and updated                                  |  |  |
| The Standard Contract Form Instructions and Contractor C<br>into this Contract and are legally binding: (Check ONE option<br>Services Commonwealth IT Terms and Conditions   | on):Commonwealth   | Terms and Conditions <u>✓</u> Commonwealth Terms and Con   | ditions For Human and Social   |  |  |
| COMPENSATION: (Check ONE option): The Department certiin the state accounting system by sufficient appropriations or o Rate Contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum obligation  | ther non-appropriated fur<br>all rates, units, calculation   | nds, subject to intercept for Commonwealth owed debts u<br>ons, conditions or terms and any changes if rates or terms  | nder 815 CMR 9.00.<br>are being amended.)  |  |  |
| PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason:✓_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)  |  |  |  |  |  |
| BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant funding. The performance period for this award is 7/1/20-6/30/21. The municipality certifies that the funds will be used for COA activities, and will complete a final fiscal report accounting for how these grant funds were applied. All approved obligations incurred prior to the effective date of this agreement (for which payment obligations have been triggered) and are intended to be part of this agreement, are to be funded from the total amount awarded under this agreement. This contract, once executed by both parties, will be treated as the sole invoice for the maximum obligation of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021.  |  |  |  |  |  |
| ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor 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 <u>prior</u> to the Effective Date.   | ctive Date   |  |  |
| 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  | he Effective Date below,<br>as authorized reimbursen   | , and the parties agree that payments for any obligations i<br>nent payments, and that the details and circumstances of  | ncurred prior to the Effective Date are<br>all 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  | CONTRACT END DATE: Contract performance shall terminate as ofJUNE 30, 20 21, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claimor dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments. |  |  |  |  |
| CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes a certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached a 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 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 CONTRACTOR:  X:   |  |  | Date: 28 20.21<br>ten At Time of Signature)  |  |  |

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| nttps://www.nacomptiolier.org/iorns. Forms are also posted at  | OSD FOITIS. Https://www.i  | 1855.govilisis/osu-lottis.  |  |  |  |
|--|--|---|--|--|--|
| CONTRACTOR LEGAL NAME: TOWN OF NORWELL (and d/b/a):  |  | COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:                                  |  |  |  |
| Legal Address: (W-9, W-4): 345 MAIN ST<br>NORWELL, MA 02061-2400   |  | Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108   |  |  |  |
| Contract Manager: SUSAN CURTIN   | Phone: 781-659-7878  | Billing Address (if different):   |  |  |  |
| E-Mail: scurtin@townofnorwell.net  | Fax:   | Contract Manager: STACEY ANNE OCONNELL  | Phone: 617-222-7419  |  |  |
| Contractor Vendor Code: VC6000191923   |  | E-Mail: STACEY.OCONNELL@MASS.GOV  | Fax: 617-727-9368  |  |  |
| Vendor Code Address ID (e.g. "AD001"): AD 001.   |  | MMARS Doc ID(s): FY21COANORWELL000000   |  |  |  |
| (Note: The Address ID must be set up for EFT payments.)  |  | RFR/Procurement or Other ID Number: BD-21-1040-10   | 040 C-1 040L-57550   |  |  |
| X NEW CONTRACT   |  | CONTRACT AMEND  | TO A LOS ANTE  |  |  |
| PROCUREMENT OR EXCEPTION TYPE: (Check one option   | oniy)  | Enter Current Contract End Date Prior to Amendment:   | , 20_ <u></u> .  |  |  |
| Statewide Contract (OSD or an OSD-designated Departm   | ent)   | Enter Amendment Amount: \$ (or "no change   |  |  |  |
| Collective Purchase (Attach OSD approval, scope, budge   | t)   | AMENDMENT TYPE: (Check one option only. Attach o  |  |  |  |
| Department Procurement (includes all Grants - 815 CMR Notice or RFR, and Response or other procurement supp  |  | Amendment to Date, Scope or Budget (Attach upda<br>Interim Contract (Attach justification for Interim Contr             | act and undated scope/budget)                                |  |  |
| Emergency Contract (Attach justification for emergency, s  | cope, budget)  | Contract Employee (Attach any updates to scope or   |  |  |  |
| Contract Employee (Attach Employment Status Form, sco<br>✓ Other Procurement Exception (Attach authorizing langua  |  | Other Procurement Exception (Attach authorizing la  |  |  |  |
| specific exemption or earmark, and exception justification,  |  | scope and budget)   | ,  |  |  |
| The Standard Contract Form Instructions and Contractor into this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions   | Certifications and the fo<br>on): Commonwealth   | llowing Commonwealth Terms and Conditions docume<br>Ferms and Conditions <u>✓</u> Commonwealth Terms and Conditi        | nt are incorporated by reference<br>ons For Human and Social |  |  |
| COMPENSATION: (Check ONE option): The Department cer in the state accounting system by sufficient appropriations or a Rate Contract. (No Maximum Obligation) Attach details o Maximum Obligation Contract. Enter total maximum obligation  | other non-appropriated fur<br>fall rates, units, calculation   | nds, subject to intercept for Commonwealth owed debts underns, conditions or terms and any changes if rates or terms ar | er 815 CMR 9.00.<br>e being amended.)                        |  |  |
| _  |  |   |  |  |  |
| identify a PPD as follows: Payment issued within 10 days<br>days% PPD. If PPD percentages are left blank, identify r   | 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 fhow 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 intend to be part of this agreement, are to be funded from the total amount awarded under this agreement. This contract, once executed by both parties, will be treated as the sole invoice for maximum obligation of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021.   |  |   |  |  |  |
| ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:  |  |   | Contract obligations:  |  |  |
| 1. may be incurred as of the Effective Date (latest signatur   | e date below) and <u>no</u> obli   | gations have been incurred <u>prior</u> to the Effective Date.  | io Data  |  |  |
| , 20, a date LATER tha<br>, 20, a date PRIOR to  | the Effective Date below   | and the parties agree that payments for any obligations incl  | urred prior to the Effective Date are                        |  |  |
| authorized to be made either as settlement payments or   | as authorized reimbursen   | nent payments, and that the details and circumstances of all  | obligations under this Contract are                          |  |  |
|  |  | eases the Commonwealth from further claims related to thes  |  |  |  |
| amended provided that the terms of this Contract and perfor  | CONTRACT END DATE: Contract performance shall terminate as of <u>JUNE 30</u> , 20 21, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.   |   |  |  |  |
| CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes a certifications required under the Standard Contract FormInstructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached 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 Contract Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricket by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE CONTRACTOR:  X:    Date: |  |   |  |  |  |
| Print Name:  Print Title:  |  | Print Name: Roll Goldsten Print Title: 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.maccomptroller.org/forms. Forms are also posted at OSD Forms: https://www.mass.gov/lists/osd-forms.

| https://www.macomptroller.org/forms. Forms are also posted at  | OSD Forms: https://www.n | nass.gov/lists/osd-iorms.   | OFFICE OF FLIDER AFFAIRS  |  |
|--|--------------------------|---|---|--|
| CONTRACTOR LEGAL NAME: TOWN OF NORWOOD (and d/b/a):  |                          | COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:  |   |  |
| Legal Address: (W-9, W-4): 566 WASHINGTON ST<br>NORWOOD, MA 02062-2203   |                          | Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108   |   |  |
| Contract Manager: KERRI MCCARTHY   | Phone: 781-762-1201      | Billing Address (if different):   | 1   |  |
| E-Mail: kmccarthy@norwoodma.gov  | Fax:                     | Contract Manager: STACEY ANNE OCONNELL  | Phone: 617-222-7419   |  |
| Contractor Vendor Code: VC6000191924   |                          | E-Mail: STACEY.OCONNELL@MASS.GOV  | Fax: 617-727-9368   |  |
|  |                          | MMARS Doc ID(s): FY21COANORWOOD000000   |   |  |
| (Note: The Address ID must be set up for EFT payments.)  |                          | RFR/Procurement or Other ID Number: BD-21-1040-   | 1040 C-1040L-57550  |  |
| (Note: The Address ID must be set up for EFT payments.)  |                          | 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)  Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)  Illowing Commonwealth Terms and Conditions document are incorporated by reference forms and Conditions \( \subseteq \) Commonwealth Terms and Conditions For Human and Social  thorized performance accepted in accordance with the terms of this Contract will be supported and subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  Institute of the subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  Institute of the subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  Institute of the subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  Institute of the subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  Institute of the subject to intercept for commonwealth owed debts under 815 CMR 9.00.  Institute of the subject to intercept for commonwealth owed debts under 815 CMR 9.00.  Institute of the subject to intercept for commonwealth owed debts under 815 CMR 9.00.  Institute of the subject to intercept for commonwealth owed debts under 815 CMR 9.00.  Institute of the subject to intercept for commonwealth owed debts under 815 CMR 9.00.  Institute of the subject to intercept for commonwealth owed debts under 815 CMR 9.00.  Institute of the subject to intercept for commonwealth owed debts under 815 CMR 9.00.  Institute of the subject to intercept for commonwealth owed debts under |   |  |
| how these grant funds were applied. All approved obligations incurred prior to the effective date 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 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.  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 terminate as of <u>JUNE 30</u> , 20 21, with no new obligations being incurred after this date t |                          |   |   |  |
| CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contractor Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any recapitation of the Contractor certifications approvals. The Contractor certifices that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor may approvals. The Contractor certifications under the pains and penalties of perjury, and further agrees to provide any recetifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any recetifications required under the Standard Contract Form Instructions and Contract Form Instructions and 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 Date:    Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value costs, or a more cost effective Contract.    Authorizing Signature For The Commonwealth   Print Name:   Contractor   Contracto       |                          |   | ublished and the Contractor makes all further agrees to provide any required ess in Massachusetts are attached or litions, this Standard Contract Form, the onse (excluding any language stricken the relevant terms in the RFR and the sponse terms result in best value, lower WEALTH:  Date: 28 2021  tten At Time of Signature) |  |

N-25



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

| nttps://www.macomptroller.org/lorms. Forms are also posted at   | OSD Forms: https://www.                              | mass.gov/lists/osd-torms.   |  |
|---|--|---|--|
| CONTRACTOR LEGAL NAME: TOWN OF OAK BLUFFS (and d/b/a):  |  | COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:                                      |  |
| Legal Address: (W-9, W-4): PO BOX 1327<br>OAK BLUFFS, MA 02557-1327   |  | Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108   |  |
| Contract Manager: ROSE COGLIANO   | Phone: 508-693-4509                                  | Billing Address (if different):   |  |
| E-Mail: rcogliano@oakbluffsma.gov   | Fax:   | Contract Manager: STACEY ANNE OCONNELL  | Phone: 617-222-7419  |
| Contractor Vendor Code: VC6000191926  |  | E-Mail: STACEY.OCONNELL@MASS.GOV  | Fax: 617-727-9368  |
| Vendor Code Address ID (e.g. "AD001"): AD 001.  |  | MMARS Doc ID(s): FY21COAOAKBLUFFS0000   |  |
| (Note: The Address ID must be set up for EFT payments.)   |  | RFR/Procurement or Other ID Number: BD-21-1040-10   | 040C-1040L-57550   |
| X NEW CONTRACT  |  | CONTRACT AMEND  | MENT   |
| PROCUREMENT OR EXCEPTION TYPE: (Check one option  | only)  | Enter Current Contract End Date Prior to Amendment:   |  |
| Statewide Contract (OSD or an OSD-designated Departm  |  | Enter Amendment Amount: \$ (or "no change   |  |
| Collective Purchase (Attach OSD approval, scope, budge<br>Department Procurement (includes all Grants - 815 CMR   | t)<br>2.00\ /Solicitation                            | AMENDMENT TYPE: (Check one option only. Attach d  |  |
| Notice or RFR, and Response or other procurement support  | orting documentation)                                | Amendment to Date, Scope or Budget (Attach upda Interim Contract (Attach justification for Interim Contract)                |  |
| Emergency Contract (Attach justification for emergency, s<br>Contract Employee (Attach Employment Status Form, scoperation)   |  | Contract Employee (Attach any updates to scope or b   |  |
| Other Procurement Exception (Attach authorizing language  | ge, legislation with                                 | Other Procurement Exception (Attach authorizing lar   |  |
| specific exemption or earmark, and exception justification, s   | scope and budget)                                    | scope and budget)   |  |
| The Standard Contract Form Instructions and Contractor C<br>into this Contract and are legally binding: (Check ONE opti-<br>Services Commonwealth IT Terms and Conditions   | Certifications and the foon): Commonwealth 1         | Illowing Commonwealth Terms and Conditions documen<br>Ferms and Conditions <u>✓</u> Commonwealth Terms and Condition        | At are incorporated by reference<br>ons For Human and Social             |
| COMPENSATION: (Check ONE option): The Department certification  | 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<br>Rate Contract. (No Maximum Obligation) Attach details of  | ther non-appropriated fun                            | nds, subject to intercept for Commonwealth owed debts under   | r 815 CMR 9.00.  |
| ✓ Maximum Obligation Contract. Enter total maximum oblig  | gation for total duration of                         | this contract (or <b>new</b> total if Contract is being amended).   | 13.308.00.   |
| PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pa   |  |   |  |
| identify a PPD as follows: Payment issued within 10 days%   | 6 PPD; Payment issued w                              | ithin 15 days % PPD; Payment issued within 20 days  | % PPD: Payment issued within 30  |
| days% PPD. If PPD percentages are left blank, identify re   | eason:agree to star                                  | ndard 45 day cycle statutory/legal or Ready Payments (I   | vl.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   |  |   | onti act obligations.  |
| 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  |  |
| ✓ 3. were incurred as of JULY1, 20 20 , a date PRIOR to the second distribution of the second distribution.  3. were incurred as of JULY1, 20 20 , a date PRIOR to the second distribution.  3. were incurred as of JULY1, 20 20 , a date PRIOR to the second distribution.  3. were incurred as of JULY1, 20 20 , a date PRIOR to the second distribution.  3. were incurred as of JULY1, 20 20 , a date PRIOR to the second distribution.  3. were incurred as of JULY1, 20 20 , a date PRIOR to the second distribution.  3. were incurred as of JULY1, 20 20 , a date PRIOR to the second distribution.  4. We have a second distribution of the second distribution.  4. We have a second distribution of the second distribution of the second distribution.  4. We have a second distribution of the second distribution of the second distribution.  4. We have a second distribution of the second distribution of the second distribution of the second distribution of the second distribution.  4. We have a second distribution of the sec |  |   |  |
| authorized to be made either as settlement payments or a<br>attached and incorporated into this Contract. Acceptance  | is authorized reimbursem<br>of payments forever rele | ent payments, and that the details and circumstances of all c<br>ases the Commonwealth from further claims related to these | bligations under this Contract are                                       |
| CONTRACT END DATE: Contract performance shall termin  |  |   |  |
| amended, provided that the terms of this Contract and perform   | nance 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 o  |  |   |  |
| <u>CERTIFICATIONS</u> : Notwithstanding verbal or other represent<br>Amendment has been executed by an authorized signatory of t  | ations by the parties, the                           | "Effective Date" of this Contract or Amendment shall be the   | ne latest date that this Contract or                                     |
| approvals. The Contractor certifies that they have accessed   | d and reviewed all docu                              | ments incorporated by reference as electronically publish   | hed and the Contractor makes all   |
| certifications required under the Standard Contract Form Instru   | ctions and Contractor Ce                             | rtifications under the pains and penalties of perjury, 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 of 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 stricks  |  |   | (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 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.  |  |   | elevant terms in the RFR and the<br>se terms result in best value, lower |
| AUTHORIZING SIGNATURE FOR THE CONTRACTOR:   | 1-1  | AUTHORIZING SIGNATURE FOR THE COMMONWEA   | LTH:   |
| X: Date: Date: Date:  | 2/08/2021<br>of Signature)                           | X: Date Must Be Handwritten   |  |
| Print Name: Robert L. Whrstenson, J   |  | Print Name: KCM V ONNES   | Lh Jul   |
| Print Title: Town Administrator   |  | Print Title:  | Helon WING   |
|   | (Updated 6/30  | /20) Page 1 of 1 7 10 (D/17)  |  |

COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS

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

CONTRACTOR LEGAL NAME: TOWN OF OAKHAM

| (and d/b/a):  |   | MMARS Department Code:  |  |  |
|---|---|---|--|--|
| Legal Address: (W-9, W-4): PO BOX 57<br>OAKHAM, MA 01068-0057   |   | Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108   |  |  |
| Contract Manager: LUCY TESSNAU  | Phone: 508-882-3358   | Billing Address (if different):   |  |  |
| E-Mail: coa@oakham-ma.gov   | Fax:  | Contract Manager: STACEY ANNE OCONNELL  | Phone: 617-222-7419  |  |
| Contractor Vendor Code: VC6000191927  |   | E-Mail: STACEY.OCONNELL@MASS.GOV  | Fax: 617-727-9368  |  |
| Vendor Code Address ID (e.g. "AD001"): AD 001.  |   | MMARS Doc ID(s): FY21COAOAKHAM0000000   |  |  |
| (Note: The Address ID must be set up for EFT payments.)   | İ   | RFR/Procurement or Other ID Number: BD-21-1040-10   | 40C-1040L-57550  |  |
| _X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option Statewide Contract (OSD or an OSD-designated Departm Collective Purchase (Attach OSD approval, scope, budge Department Procurement (includes all Grants - 815 CMR  | ent)<br>t)<br>2.00) (Solicitation   | 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 supp  Emergency Contract (Attach justification for emergency, s Contract Employee (Attach Employment Status Form, sco Other Procurement Exception (Attach authorizing language specific exemption or earmark, and exception justification, see the second | cope, budget)<br>pe, budget)<br>ge, legislation with<br>scope and budget)   | Interim Contract (Attach justification for Interim Contract Employee (Attach any updates to scope or beautification (Attach authorizing lar scope and budget)   | oudget)<br>ngu ag e/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 fol<br>on): Commonwealth T   | llowing Commonwealth Terms and Conditions documen<br>Ferms and Conditions ✓ Commonwealth Terms and Condition  | tare incorporated by reference<br>xns For Human and Social   |  |
| COMPENSATION: (Check ONE option): The Department cering the state accounting system by sufficient appropriations or a Rate Contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum obligation  | other non-appropriated fun<br>fall rates, units, calculation  | ds, subject to intercept for Commonwealth owed debts unde<br>ns, conditions or terms and any changes if rates or terms are  | er 815 CMR 9.00.<br>e being amended.)  |  |
| identify a PPD as follows: Payment issued within 10 days?<br>days% PPD. If PPD percentages are left blank, identify r   | 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 fundi. 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 by part of this agreement, are to be funded from the total amount awarded under this agreement. This contract, once executed by both parties, will be treated as the sole invoiced maximum obligation of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021.   |   |   | cation of available grant funding. inal fiscal report accounting for e been triggered) and are intended be treated as the sole invoice for the |  |
| ANTICIPATED START DATE: (Complete ONE option only)  |   |   | Contract obligations:  |  |
| 1. may be incurred as of the Effective Date (latest signatur  | e date below) and <u>no</u> oblig   | gations have been incurred <u>prior</u> to the Effective Date.  | D. L.  |  |
|   | the Effective Date below,<br>as authorized reimbursem   | vand <u>no</u> obligations have been incurred <u>prior</u> to the Effective<br>and the parties agree that payments for any obligations incu<br>ent payments, and that the details and circumstances of all o<br>asses 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<br>amended, provided that the terms of this Contract and perfor<br>completing any negotiated terms and warranties, to allow any  | mance expectations and close out or transition per  | obligations shall survive its termination for the purpose of<br>formance, reporting, invoicing or final payments, or during   | resolving any claim or dispute, for<br>any lapse between amendments.   |  |
| CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor make certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language strict by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, to costs, or a more cost effective Contract.  |   |   |  |  |
| AUTHORIZING SIGNATURE FOR THE CONTRACTOR:  X: 5 Date: 19 30 1  (Signature and Date Must Be Handwritten At Time of Signature)  |   | AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X: Local Gudsle, Date: 2/8/2021  (Signature and Date Must Be Handwritten At Time of Signature)  Print Name: Rocket (SUSSEE)  |  |  |
| Print Name: THOPOND 5 1 14 YLO.<br>Print Title: BAND OF SELECTION   | /   | Print Name: Rachel Goldstein Print Title: Go  |  |  |

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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.maco.gov/lists/osd-forms.

| https://www.macomptroller.org/forms. Forms are also posted at OSD Forms: https://www.mass.gov/lists/osd-forms.   |  |   |  |  |
|--|--|---|--|--|
| CONTRACTOR LEGAL NAME: TOWN OF ORANGE (and d/b/a):   |  | COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:  |  |  |
| Legal Address: (W-9, W-4): 6 PROSPECT ST<br>ORANGE, MA 01364-1133  |  | Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108   |  |  |
| Contract Manager: TRACY GAUDET   | Phone: 978-544-3481                                    | Billing Address (if different):   |  |  |
| E-Mail: tgaudet@townoforange.org   | Fax:   | Contract Manager: STACEY ANNE OCONNELL  | Phone: 617-222-7419                      |  |
| Contractor Vendor Code: VC6000191929   |  | E-Mail: STACEY.OCONNELL@MASS.GOV  | Fax: 617-727-9368                        |  |
| Vendor Code Address ID (e.g. "AD001"): AD 001.   |  | MMARS Doc ID(s): FY21COAORANGE0000000   |  |  |
| (Note: The Address ID must be set up for EFT payments.)  |  | RFR/Procurement or Other ID Number: BD-21-1040-   | 1040 C-1040L-57550                       |  |
| X NEW CONTRACT  PROCUREMENT OR EXCEPTION TYPE: (Check one option only)  Statewide Contract (OSD or an OSD-designated Department)  Collective Purchase (Attach OSD approval, scope, budget)  Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation)  Emergency Contract (Attach justification for emergency, scope, budget)  Contract Employee (Attach Employment Status Form, scope, budget)  Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)  The Standard Contract Form Instructions and Contractor Certifications and the fointo this Contract and are legally binding: (Check ONE option): Commonwealth Technical Contract Contract and Contract Commonwealth Technical Contract Contract Commonwealth Technical Contract Contract Commonwealth Technical Contract Contract Contract Commonwealth Technical Contract Contract Contract Commonwealth Technical Contract Contract Commonwealth Technical Contract Contract Contract Commonwealth Technical Contract Contract Contract Commonwealth Technical Contract Con      |  | CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment:, 20 Enter Amendment Amount: S (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 |  |  |
| 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{19.872.00}{20.0000}.\$  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 in<br>to be part of this agreement, are to be funded from the total am<br>maximum obligation of this contract. COAs are responsible for r   | ount awarded under this a<br>eturning this executed co | greement. This contract, once executed by both parties, wil<br>ntract by no later than June 30, 2021.   | I be treated as the sole invoice for the |  |
| ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: 1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date. 2. may be incurred as of, 20, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date.  ✓3. were incurred as of, 20, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.  CONTRACT END DATE: Contract performance shall terminate as of   |  |   |  |  |
| 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 shall be the lates |  |   |  |  |



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| nttps://www.macomptroller.org/forms. Forms are also posted at   | OSD Forms: https://www.                                   | mass.gov/iists/osd-torms.   |   |
|---|---|---|---|
| CONTRACTOR LEGAL NAME: TOWN OF ORLEANS (and d/b/a):   |   | COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:                                      |   |
| Legal Address: (W-9, W-4): 19 SCHOOL RD<br>ORLEANS, MA 02653-3609   |   | Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108   |   |
| Contract Manager: JUDI WILSON   | Phone: 508-255-6333                                       | Billing Address (if different):   |   |
| E-Mail: jwilson@town.orleans.ma.us  | Fax:  | Contract Manager: STACEY ANNE OCONNELL  | Phone: 617-222-7419   |
| Contractor Vendor Code: VC6000191930  |   | E-Mail: STACEY.OCONNELL@MASS.GOV  | Fax: 617-727-9368   |
| Vendor Code Address ID (e.g. "AD001"): AD_001.  |   | MMARS Doc ID(s): FY21COAORLEANS000000   |   |
| (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 <u>Prior</u> to Amendment:  |   |
| Statewide Contract (OSD or an OSD-designated Departme   | ent)  | Enter Amendment Amount: \$ (or "no change   |   |
| Collective Purchase (Attach OSD approval, scope, budget   |   | AMENDMENT TYPE: (Check one option only. Attach d  |   |
| Department Procurement (includes all Grants - 815 CMR 2<br>Notice or RFR, and Response or other procurement support   |   | Amendment to Date, Scope or Budget (Attach upda   |   |
| Emergency Contract (Attach justification for emergency, so  | cope, budget)   | Interim Contract (Attach justification for Interim Contract Contract Employee (Attach any updates to scope or to            | from the second |
| Contract Employee (Attach Employment Status Form, scop ✓ Other Procurement Exception (Attach authorizing language   | e, budget)  | Other Procurement Exception (Attach authorizing la  |   |
| specific exemption or earmark, and exception justification, s   |   | scope and budget)   | guagajuonioanon ana apatatoa  |
| The Standard Contract Form Instructions and Contractor C into this Contract and are legally binding: (Check ONE option Services Commonwealth IT Terms and Conditions  |   |   |   |
| COMPENSATION: (Check ONE option): The Department certiin the state accounting system by sufficient appropriations or o  Rate Contract. (No Maximum Obligation) Attach details of  Maximum Obligation Contract. Enter total maximum oblig  | ther non-appropriated fur<br>all rates, units, calculatio | nds, subject to intercept for Commonwealth owed debts unde<br>ns, conditions or terms and any changes if rates or terms are | er 815 CMR 9.00.<br>e being amended.)   |
|   |   |   |   |
| PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pa<br>identify a PPD as follows: Payment issued within 10 days%<br>days% PPD. If PPD percentages are left blank, identify re<br>payment (subsequent payments scheduled to support standa   | PPD; Payment issued wason:agree to star                   | ithin 15 days% PPD; Payment issued within 20 days<br>ndard 45 day cyclestatutory/legal or Ready Payments (I                 | % 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 fur The performance period for this award is 7/1/20-6/30/21. The municipality certifies that the funds will be used for COA activities, and will complete a final fiscal report account how these grant funds were applied. All approved obligations incurred prior to the effective date of this agreement (for which payment obligations have been triggered) and are in to be part of this agreement, are to be funded from the total amount awarded under this agreement. This contract, once executed by both parties, will be treated as the sole invoice maximum obligation of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021.   |   |   | cation of available grant funding.<br>inal fiscal report accounting for<br>e been triggered) and are intended<br>be treated as the sole invoice for the   |
| ANTICIPATED START DATE: (Complete ONE option only) Ti   | •   |   | Contract obligations:   |
| 1. may be incurred as of the Effective Date (latest signature   |   |   | o Data  |
| [   | ne Effective Date below,<br>s authorized reimbursem       |   | rred prior to the Effective Date are obligations under this Contract are  |
| CONTRACT END DATE: Contract performance shall termina<br>amended, provided that the terms of this Contract and perform<br>completing any negotiated terms and warranties, to allow any of   | 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 it 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 approvals. The Contractor certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provid documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts a incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Cost Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any land to Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in be costs, or a more cost effective Contract. |   |   | 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   |
| AUTHORIZING SIGNATURE FOR THE CONTRACTOR:   | , , , 1   | AUTHORIZING SIGNATURE FOR THE COMMONWEA   | LTH:  |
| X:  | 126 2)<br>of Signature)                                   | X: Date: (Signature and Date Must Be Handwritten At Time of Signature)  |   |
| Print Title: ACTING TOWN ADAIMINTATION  |   | Print Name:   | Df (ounting   |

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

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| https://www.macomptroller.org/forms. Forms are also posted at OSD Forms: https://www.mass.gov/lists/osd-forms.  |                      |  |                     |  |
|---|----------------------|--|---------------------|--|
| CONTRACTOR LEGAL NAME: TOWN OF OTIS (and d/b/a):  |                      | COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code: |                     |  |
| Legal Address: (W-9, W-4): 1 N MAIN RD<br>OTIS, MA 01253-9800   |                      | Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108                              |                     |  |
| Contract Manager: RALPH GLEASON   | Phone: 413-269-0100x | Billing Address (if different):  |                     |  |
| E-Mail: seniors.otis@gmail.com  | Fax:                 | Contract Manager: STACEY ANNE OCONNELL   | Phone: 617-222-7419 |  |
| Contractor Vendor Code: VC6000191931  |                      | E-Mail: STACEY.OCONNELL@MASS.GOV   | Fax: 617-727-9368   |  |
| Vendor Code Address ID (e.g. "AD001"): AD_001.  |                      | MMARS Doc ID(s): FY21COAOTIS000000000  |                     |  |
| (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)Vother Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)  The Standard Contract Form Instructions and Contractor Certifications and the forinto this Contract and are legally binding: (Check ONE option):Commonwealth ServicesCommonwealth IT Terms and Conditions   |                      |  |                     |  |
| 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:   |                      |  |                     |  |
| 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 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: |                      |  |                     |  |