

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

nups://www.macomptroller.org/lorns. Forms are also posted at	O3D 1 OITIB. Https://www.	inass.govinsis/osd-forms.	
CONTRACTOR LEGAL NAME: TOWN OF PALMER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 4417 MAIN ST PALMER, MA 01069-6901		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: MARLENE JOHNSON	Phone: 413-283-2670	Billing Address (if different):	
E-Mail: mjohnson@townofpalmer.com	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191934		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAPALMER0000000	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-1	040 C-1040L-57550
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		CONTRACT AMENDMENT Enter Current Contract End Date Prior to Amendment:, 20 Enter Amendment Amount: \$ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) Amendment to Date, Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget) Contract Employee (Attach any updates to scope or budget) Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)	
The Standard Contract Form Instructions and Contract or Control into this Contract and are legally binding: (Check ONE options Services Commonwealth IT Terms and Conditions COMPENSATION: (Check ONE option): The Department cert in the state accounting system by sufficient appropriations or Compensations or C	on): Commonwealth in the common of the co	Terms and Conditions Conditions and Conditions and Conditions are thorized performance accepted in accordance with the term does, subject to intercept for Commonwealth owed debts under	tions For Human and Social rs of this Contract will be supported der 815 CMR 9.00.
✓ Maximum Obligation Contract. Enter total maximum oblig	gation for total duration o	f this contract (or <i>new</i> total if Contract is being amended). \$	29,952.00.
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments midentify 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 initing 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 maximum obligation of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021.			
ANTICIPATED START DATE: (Complete ONE option only) T	he Department and Cont	ractor certify for this Contract, or Contract Amendment, that	Contract obligations:
1. may be incurred as of the Effective Date (latest signature2. may be incurred as of, 20, a date LATER that3. were incurred as of, 20, a date PRIOR to authorized to be made either as settlement payments or attached and incorporated into this Contract. Acceptance	n the Effective Date below he Effective Date below, as authorized reimbursen	w and <u>no</u> obligations have been incurred <u>prior</u> to the Effecti	curred prior to the Effective Date are Il obligations under this Contract are
CONTRACT END DATE: Contract performance shall termin amended, provided that the terms of this Contract and performance completing any negotiated terms and warranties, to allow any	mance expectations and close out or transition pe	obligations shall survive its termination for the purpose o rformance, reporting, invoicing or final payments, or durin	of resolving any claim or dispute, for gany lapse between amendments.
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes certifications required under the Standard Contract 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 incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language strick by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and to Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, low costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X:			
Print Title: +aun manager.		Print Title:	



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CONTRACTOR LEGAL NAME: TOWN OF PAXTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 697 PLEASANT ST PAXTON, MA 01612-1082		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: CINDY LOVE	Phone: 508-756-2833	Billing Address (if different):		
E-Mail: clove@townofpaxton.net	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191936		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAPAXTON0000000		
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	40C-1040L-57550	
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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	Illowing Commonwealth Terms and Conditions document Ferms and Conditions <u>✓</u> Commonwealth Terms and Condition	tare incorporated by reference ons For Human and Social	
COMPENSATION: (Check ONE option): The Department cert in the state accounting system by sufficient appropriations or compensation. Attach details of which was made accounted to the state of the state	ther non-appropriated fur all rates, units, calculatio	ids, subject to intercept for Commonwealth owed debts unde ns, conditions or terms and any changes if rates or terms are	er 815 CMR 9.00. Be being amended.)	
identify a PPD as follows: Payment issued within 10 days9 days% PPD. If PPD percentages are left blank, identify re payment (subsequent payments scheduled to support standa	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 F municipalities of the Commonwealth, as appropriated in the Ch The performance period for this award is 7/1/20-6/30/21. The nhow these grant funds were applied. All approved obligations it to be part of this agreement, are to be funded from the total ammaximum obligation of this contract. COAs are responsible for the contract.	apter 227 of the Acts of 20 nunicipality certifies that the ncurred prior to the effective ount awarded under this a returning this executed co	020. The award amount is determined by a census-based allone funds will be used for COA activities, and will complete a five date of this agreement (for which payment obligations have greement. This contract, once executed by both parties, will build by no later than June 30, 2021.	cation of available grant funding. inal fiscal report accounting for been triggered) and are intended be treated as the sole invoice for the	
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1. may be incurred as of the Effective Date (latest signature			Data	
	he Effective Date below, as authorized reimbursem		rred prior to the Effective Date are obligations under this Contract are	
CONTRACT END DATE: Contract performance shall termin amended, provided that the terms of this Contract and performance 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 a formance, reporting, invoicing or final payments, or during	resolving any claim or dispute, for any lapse between amendments.	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makest certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required 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, locosts, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:			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, the (excluding any language stricken relevant terms in the RFR and the se terms result in best value, lower.	
X: Date:	1)20\2021 of Signature)	X: Signature and Date Must Be Handwritten	At Time of Signature)	
Print Name: CAROL L. RICHES.		Print Name; Kree V (Pness A.		
Print Title: TOWN ADMINISTMA	bten	Print Title: There of Halourting		
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CONTRACTOR LEGAL NAME: CITY OF PEABODY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 24 LOWELL ST PEABODY, MA 01960-5440		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: CAROLYN WYNN	Phone: 978-531-2254	Billing Address (if different);	
E-Mail: cwynn@peabodycoa.org	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000192125		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAPEABODY000000	
(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 procurements supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) ✓ Other Procurement Exception (Attach authorizing language, legislation with		CONTRACT AMENDMENT Enter Current Contract End Date Prior to Amendment:, 20 Enter Amendment Amount: \$ (or "no charge") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) Amendment to Date, Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget) Contract Employee (Attach any updates to scope or budget) Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)	
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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	her non-appropriated fur all rates, units, calculatio	nds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms are	er 815 CMR 9.00. e being amended.)
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✓ _ 3. were incurred as of JULY 1, 20 20 _ , a date PRIOR to the	date below) and no oblig the Effective Date below, e Effective Date below,		
		eases the Commonwealth from further claims related to these	
CONTRACT END DATE: Contract performance shall terminal amended, provided that the terms of this Contract and perform completing any negotiated terms and warranties, to allow any contract and warranties.	ance 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 Contractor Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifics 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 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 stricke by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, low costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:			ed above, subject to any required shed and the Contractor makes all ther agrees to provide any required in Massachusetts are attached or is, this Standard Contract Form, he a (excluding any language stricken relevant terms in the RFR and the ise terms result in best value, lower ALTH: At Time of Signature)

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CONTRACTOR LEGAL NAME: TOWN OF PELHAM (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 351 AMHERST RD PELHAM, MA 01002-9714		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Phone: 413-253-0512	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): FY21COAPELHAM0000000		
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	pon only) ment) get) R 2.00) (Solicitation porting documentation) scope, budget) page, legislation with scope and budget) r Certifications and the for otion):Commonwealth retifies that payments for au rother non-appropriated fur of all rates, units, calculation of the Acts of 2 amunicipality certifies that the sincurred prior to the effect amount awarded under this or returning this executed contains the Effective Date below of as authorized reimburser of the Date below of as authorized reimburser of payments forever released and reviewed all do on the Effective Date below of the Contractor, the Dep of the Contractor, the Request for Re of the Contractor, the Republications and Repert Reports and Repert Reports of the Contractor, the Republications and Repert Reports of the R	Business Mailing Address: 1 ASHBURTON PL BOST Phone: 413-253-0512 Billing Address: (if different): Fax:	

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CONTRACTOR LEGAL NAME: TOWN OF PEPPERELL (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 1 MAIN ST PEPPERELL, MA 01238-1612		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: SUSAN MCCARTHY	Phone: 978-433-0326	Billing Address (if different):	
E-Mail: coa@town.pepperell.ma.us	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191939	TO A STATE OF THE	E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAPEPPERELL0000	
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Department Procurement (includes all Grants - 815 CMR 2 Notice or RFR, and Response or other procurement support		Amendment to Date, Scope or Budget (Attach updat	
Emergency Contract (Attach justification for emergency, so	ope, budget)	Interim Contract (Attach justification for Interim Contract Contract Employee (Attach any updates to scope or b	
Contract Employee (Attach Employment Status Form, scopy Other Procurement Exception (Attach authorizing language)	e, budget)	Other Procurement Exception (Attach authorizing lan	
specific exemption or earmark, and exception justification, so		scope and budget)	gaagorjacanoadon ana apaatoa
The Standard Contract Form Instructions and Contractor C into this Contract and are legally binding: (Check ONE option Services Commonwealth IT Terms and Conditions	ertifications and the fol n): Commonwealth T	lowing Commonwealth Terms and Conditions document erms and Conditions <u>V</u> Commonwealth Terms and Conditions	t are incorporated by reference ons For Human and Social
COMPENSATION: (Check ONE option): The Department certifing the state accounting system by sufficient appropriations or otRate Contract. (No Maximum Obligation) Attach details of	her non-appropriated fun-	ds, subject to intercept for Commonwealth owed debts unde	r 815 CMR 9.00.
✓ Maximum Obligation Contract. Enter total maximum oblig			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pay a PPD as follows: Payment issued within 10 days% PPD;% PPD. If PPD percentages are left blank, identify reason: (subsequent payments scheduled to support standard EFT 45 or BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or R municipalities of the Commonwealth, as appropriated in the Cha The performance period for this award is 7/1/20-6/30/21. The management of the commonwealth is a performance period for this award is 7/1/20-6/30/21.	Payment issued within 1: agree to standard 45 day payment cycle. See F EASON FOR AMENDMI pter 227 of the Acts of 20 unicipality certifies that th	5 days % PPD; Payment issued within 20 days % PP iday cycle statutory/legal or Ready Payments (M.G.L. c. Prompt Pay Discounts Policy.) ENT: This contract is to distribute a formula grant award to the 20. The award amount is determined by a census-based allose funds will be used for COA activities, and will complete a fire	D; Payment issued within 30 days 29, § 23A); only initial payment e Councils on Aging of the cation of available grant funding. nal fiscal report accounting for
how these grant funds were applied. All approved obligations in to be part of this agreement, are to be funded from the total amo maximum obligation of this contract. COAs are responsible for re	unt awarded under this ageturning this executed cor	greement. This contract, once executed by both parties, will b tract by no later than June 30, 2021.	e treated as the sole invoice for the
ANTICIPATED START DATE: (Complete ONE option only) The			Contract obligations:
1. may be incurred as of the Effective Date (latest signature2. may be incurred as of, 20, a date LATER than	date below) and <u>no</u> oblig	lations have been incurred <u>prior</u> to the Effective Date.	o Date
3. were incurred as of <u>JULY 1</u> , 20 20 , a date PRIOR to t authorized to be made either as settlement payments or a	he Effective Date below, s authorized reimbursem		rred prior to the Effective Date are obligations under this Contract are
CONTRACT END DATE: Contract performance shall terminate provided that the terms of this Contract and performance expended terms and warranties, to allow any close out or trans	ctations and obligations s	shall survive its termination for the purpose of resolving any of	claim or dispute, for completing any
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentat 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 Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department 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 on 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 effect Contract.			fied above, subject to any required a Contractor makes all certifications provide any required documentation ached or incorporated by reference Form, the Standard Contract Form uage stricken by a Department as d the Contractor's Response only if ower costs, or a more cost effective
AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X:			At Time of Signature)

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

https://www.macomptroller.org/forms. Forms are also posted at OSD Forms: https://www.mass.gov/lists/osd-forms.				
CONTRACTOR LEGAL NAME: TOWN OF PETERSHAM (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 3 S MAIN ST PETERSHAM, MA 01463-1647		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: KAY BERRY	Phone: 978-724-6610	Billing Address (if different):		
E-Mail: pshamcoa@gmail.com	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191941		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAPETERSHAM0000		
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	040C-1040L-57550	
		CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment:, 20 Enter Amendment Amount: \$ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) Amendment to Date, Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget)		
Contract Employee (Attach Employment Status Form, sco Other Procurement Exception (Attach authorizing langua specific exemption or earmark, and exception justification,	pe, budget) ge, legislation with	 Contract Employee (Attach any updates to scope or be of the procurement Exception (Attach authorizing last scope and budget) 		
The Standard Contract Form Instructions and Contractor into this Contract and are legally binding: (Check ONE options) ServicesCommonwealth IT Terms and Conditions	Certifications and the fo	ollowing Commonwealth Terms and Conditions documer Terms and Conditions <u>~</u> Commonwealth Terms and Conditi	nt are incorporated by reference 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 of Maximum Obligation Contract. Enter total maximum obligation	other non-appropriated fur fall rates, units, calculation	nds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms are	er 815 CMR 9.00. e being amended.)	
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 eason: ✓_agree to sta	rithin 15 days % PPD; Payment issued within 20 days ndard 45 day cycle statutory/legal or Ready Payments (% PPD; Payment issued within 30	
payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.) BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging 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 from the segment 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.			ocation of available grant funding. final fiscal report accounting for e been triggered) and are intended	
ANTICIPATED START DATE: (Complete ONE option only)	The Department and Con	tractor certify for this Contract, or Contract Amendment, that	Contract obligations:	
1. may be incurred as of the Effective Date (latest signatur	e date below) and <u>no</u> obli	gations have been incurred prior to the Effective Date.	- D-1-	
✓ 3. were incurred as of JULY1, 20, 20 , a date PRIOR to	the Effective Date below, as authorized reimbursen	w and <u>no</u> obligations have been incurred <u>prior</u> to the Effectiv , and the parties agree that payments for any obligations inco nent payments, and that the details and circumstances of all eases the Commonwealth from further claims related to thes	urred prior to the Effective Date are obligations under this Contract are	
amended, provided that the terms of this Contract and perfor completing any negotiated terms and warranties, to allow any	CONTRACT END DATE: Contract performance shall terminate as of JUNE 30, 20 21, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any 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 latest date that this Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes a certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached a incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, to Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricked by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, low costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: (Signature and Date Must Be Handwritten At Time of Signature) Print Name: (Signature and Date Must Be Handwritten At Time of Signature)				
Print Name: NANCY ALLEN. Print Title: CHAIR, SELECTBOARD. Print Title: NANCY ALLEN. Print Name: Contraction of the contraction of t				

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.

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CONTRACTOR LEGAL NAME: TOWN OF PLAINFIELD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 344 MAIN ST PLAINFIELD, MA 01070-9795		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: SUSAN LAROCK	Phone: 413-743-5345	Billing Address (if different):	
E-Mail: pking@town.plainfield.ma.us	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191943		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAPLAINFIELD000	
(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	
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	District Property Company of
Statewide Contract (OSD or an OSD-designated Departm	7.5	Enter Amendment Amount: \$ (or "no change	
Collective Purchase (Attach OSD approval, scope, budge	Military at the second of the second	AMENDMENT TYPE: (Check one option only. Attach d	Andre man a transfer of the second of the se
Department Procurement (includes all Grants - 815 CMR Notice or RFR, and Response or other procurement supp		Amendment to Date, Scope or Budget (Attach upda	
Emergency Contract (Attach justification for emergency, s	cope, budget)	Interim Contract (Attach justification for Interim Contract Employee (Attach any updates to scope or to the contract Employee).	
 Contract Employee (Attach Employment Status Form, sco Other Procurement Exception (Attach authorizing language) 		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 on): Commonwealth	Illowing Commonwealth Terms and Conditions documer Terms and Conditions <u><</u> Commonwealth Terms and Conditions	nt are incorporated by reference ons For Human and Social
COMPENSATION: (Check ONE option): The Department cert			
in the state accounting system by sufficient appropriations or o		nds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms are	
✓ Maximum Obligation Contract. Enter total maximum oblig			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pa			
identify a PPD as follows: Payment issued within 10 days9	PPD; Payment issued w	rithin 15 days % PPD; Payment issued within 20 days	% PPD; Payment issued within 30
days% PPD. If PPD percentages are left blank, identify re payment (subsequent payments scheduled to support standa			M.G.L. c. 29, § 23A); only initial
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or F			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	cation of available grant funding.
The performance period for this award is 7/1/20-6/30/21. The n how these grant funds were applied. All approved obligations is	nunicipality certifies that tr neurred prior to the effectiv	ne funds will be used for COA activities, and will complete a f 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	ount awarded under this a	greement. This contract, once executed by both parties, will b	
maximum obligation of this contract. COAs are responsible for ANTICIPATED START DATE: (Complete ONE option only) 1			Contract obligations:
1. may be incurred as of the Effective Date (latest signature		[HTM: HTM] (HTM: HTM: HTM: HTM: HTM: HTM: HTM: HTM:	onitati obligatoris.
2. may be incurred as of, 20, a date LATER that	the Effective Date below	w and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.
✓ 3. were incurred as of <u>JULY1</u> , 20 20 , a date PRIOR to the second of the secon			
authorized to be made either as settlement payments or a	as authorized reimbursem of navments forever rele	ent payments, and that the details and circumstances of all o eases the Commonwealth from further claims related to these	obligations under this Contract are
CONTRACT END DATE: Contract performance shall termin			
amended, provided that the terms of this Contract and perfort	mance expectations and	obligations shall survive its termination for the purpose of	resolving any claim or dispute, for
completing any negotiated terms and warranties, to allow any	close out or transition per	formance, reporting, invoicing or final payments, or during	any lapse between amendments.
CERTIFICATIONS: Notwithstanding verbal or other represent	the formula field of the first of the second		~ 하면 하다면 하다 하나 아이에 하다 하면 하면 하면 하다 하는 아이에 하면 하면 하다 하다 가게 하다 되었다.
Amendment has been executed by an authorized signatory of approvals. The Contractor certifies that they have accesse			
certifications required under the Standard Contract Form Instru	ictions and Contractor Ce	ertifications under the pains and penalties of perjury, and furt	her agrees to provide any required
documentation upon request to support compliance, and a			
Standard Contract Form Instructions and Contractor Certificati	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 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 of Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value costs, or a more cost effective Contract.			
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:		AUTHORIZING SIGNATURE FOR THE COMMONWEA	ALTH:
X: Helley Wear . Date:	2/11/21	POOLONA CON DO CA	te: 3 -25-21
(Signature and Date Must Be Handwritten At Time	of Signature)	(Signature and Date Must Be Handwritten	
Print Name: Hlan, Weeks		Print Name: 1890 Johney	Ly
Print Title: Chair, Select Board .		Print Title:	to chouse
	(Updated 6/30	0/20) Page 1 of 1 and Cont	ractin) -
	W. 15		

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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 nosted at OSD Forms: https://www.maccomptroller.org/forms.

https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www	v.mass.gov/iisis/osd-iorms.	
CONTRACTOR LEGAL NAME: TOWN OF PLAINVILLE and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
.egal Address: (W-9, W-4): 142 SOUTH ST		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
PLAINVILLE, MA 02762-1917	Est 1		
Contract Manager: LIGA COGLIANO	Phone: 508-699-7384	Billing Address (if different):	DI 047 000 7440
E-Mail: lcogliano@plainville.ma.us	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191944		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
/endor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAPLAINVILLE000	**************************************
Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-104	
X NEW CONTRACT		CONTRACT AMEND	
PROCUREMENT OR EXCEPTION TYPE: (Check one option		Enter Current Contract End Date <u>Prior</u> to Amendment:	
Statewide Contract (OSD or an OSD-designated Department	ent)	Enter Amendment Amount: \$ (or "no change", AMENDMENT TYPE: (Check one option only. Attach de) etails of amendment changes.)
Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes all Grants - 815 CMR 2	2.00) (Solicitation	Amendment to Date, Scope or Budget (Attach update	ed scope and budget)
Notice or RFR, and Response or other procurement suppo	rting documentation)	Interim Contract (Attach justification for Interim Contra	ct and updated scope/budget)
 Emergency Contract (Attach justification for emergency, so Contract Employee (Attach Employment Status Form, score) 	cope, budget)	Contract Employee (Attach any updates to scope or b	udget)
✓ Other Procurement Exception (Attach authorizing language)	e, legislation with	Other Procurement Exception (Attach authorizing lan	guage/justification and updated
specific exemption or earmark, and exception justification, so	cope and budget)	scope and budget)	to the same and a to the same and
The Standard Contract Form Instructions and Contractor C into this Contract and are legally binding: (Check ONE option Services Commonwealth IT Terms and Conditions	ertifications and the folon): Commonwealth T	Ilowing Commonwealth Terms and Conditions document ferms and Conditions ✓ Commonwealth Terms and Condition	t are incorporated by reference ins For Human and Social
COMPENSATION: (Check ONE option): The Department certif	ies that payments for aut	horized performance accepted in accordance with the terms	of this Contract will be supported
in the state accounting system by sufficient appropriations or of	her non-appropriated tun	ds. subject to intercept for Commonwealth owed debts under	1 0 13 CIVIL 3.00.
Rate Contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum oblig	all rates, units, calculation	ns, conditions or terms and any changes it rates or terms are	being amended.)
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth page a PPD as follows: Payment issued within 10 days% PPD;	Payment issued within 1.	5 days % PPD: Payment issued within 20 days % FF	D, Fayinein issued willing of days
% PPD If PPD percentages are left blank, identify reason;	✓ agree to standard 45	day cycle statutory/legal or Ready Payments (IVI.G.L. C.	29, § 23A); only initial payment
(subsequent payments scheduled to support standard EFT 45)	day payment cycle. See I	Prompt Pay Discounts Policy.)	
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or F municipalities of the Commonwealth, as appropriated in the Cha	inter 227 of the Acts of 20	120 The award amount is determined by a census-based allow	cation of available grant funding.
The factor of the state of the	unicipality cartifies that the	tinds will be used for COA activities, and will complete a li	ilal listal Tepolit accounting for
have these great funds were applied. All approved obligations in	curred prior to the effective	e date of this agreement (for which payment obligations have	been inggered) and are interiord
to be part of this agreement, are to be funded from the total amor maximum obligation of this contract. COAs are responsible for m	ount awarded under this a eturning this executed cor	greement. This contract, once executed by both parties, will be ntract by no later than June 30, 2021.	o notice do no colo involco for the
ANTICIDATED START DATE: (Complete ONE option only) T	he Department and Contr	ractor certify for this Contract, or Contract Amendment, that C	Contract obligations:
1 may be incurred as of the Effective Date (latest signature	date below) and no oblig	gations have been incurred prior to the Effective Date.	
2 may be incurred as of 20 a date LATER that	n the Effective Date below	y and <u>no</u> obligations have been incurred <u>prior</u> to the Ellective	e Date.
2 were incurred as of ILILV 1 20 20 a date PRIOR to	he Effective Date below	and the parties agree that payments for any obligations incu	rred prior to the Ellective Date are
authorized to be made either as settlement payments or a attached and incorporated into this Contract. Acceptance	of payments forever rele	ent payments, and that the details and circumstances of all cases the Commonwealth from further claims related to these	obligations.
CONTRACT END DATE: Contract performance shall terminat	as of IUNE 30 20 2	with no new obligations being incurred after this date unless	s the Contract is properly amended,
arounded that the torms of this Contract and performance expe	ctations and obligations s	shall survive its termination for the purpose of resolving any t	daliti of dispute, for completing any
negotiated terms and warranties, to allow any close out or tran	sition performance, repor	ting, invoicing or final payments, or during any lapse between	il allielidilielits.
CERTIFICATIONS: Notwithstanding verbal or other representations	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	f the Contractor, the Dep	artment, or a later Contract or Amendment Start Date speci sincorporated by reference as electronically published and the	e Contractor makes all certifications
to Joseph Charderd Contract Form Instructions and Co	antractor Cartifications un	ider the nains and nenalties of Defluty, and Turther agrees to t	JOVINE arry required documentation
required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documer 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 referent according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form, and Experimental Contract Form and Conditions, this Standard Contract Form, the Standard Contract Form, the Standard Contract Form and Conditions, this Standard Contract Form, the Standard Contract Form and Conditions are considered by a Department of the Contract Form and Conditions are considered by a Department of the Contract Form and Conditions are considered by a Department of the Contract Form and Conditions are considered by a Department of the Contract Form and Conditions are considered by the Contract Form and Contract Form and Conditions are considered by the Contract Form and Conditions are considered by the Contract Form and Contract Form a			action of illoorporated by foldrende
herein according to the following hierarchy of document prece	dence, the applicable Co	ommonwealth Terms and Conditions, this Standard Contractor's Response (excluding any lang	juage stricken by a Department as
Instructions and Contractor Certifications, the Request for Response (RFR) or other unacceptable, and additional negotiated terms, provided that additional negotiated terms.		s will take precedence over the relevant lettis it the Dr D at	id the contractor a recoporate only in
made using the process outlined in 801 CMR 21.07, incorpora	any amended RFR or Response terms result in best value, I	ower costs, or a more cost effective	
Contract.		AUTHORIZING SIGNATURE FOR THE COMMONWE	ALTH:
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	2/1/2/	Ma M/ Command	1/25-100
X: Jewes hompson. Date:	0/10/2/	X: (Signature and Date Must Be Handwritten	At Time of Signature)
(Signature and Date Must Be Handwritten At Time	e or Signature)	Print Name: Can Conne	ely In
Print Name: January Thompson	nD	Print Title: Director of	Holoumin)
Print Title: 10wn Administrato		10 400	tim
		and Contra	

COMMONWEALTH OF MASSACHUL

3 ~ 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 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 PLYMOUTH (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 11 LINCOLN ST PLYMOUTH, MA 02360-3325		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: MICHELE BRATTI	Phone: 508-830-4230	Billing Address (if different):	
E-Mail: mbratti@townhall.plymouth.ma.us	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191945		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAPLYMOUTH00000	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	40 C-1040L-57550
X NEW CONTRACT		CONTRACT AMENDI	
PROCUREMENT OR EXCEPTION TYPE: (Check one option	n only)	Enter Current Contract End Date Prior to Amendment:	
Statewide Contract (OSD or an OSD-designated Departm	ent)	Enter Amendment Amount: \$ (or "no change" AMENDMENT TYPE: (Check one option only. Attach d	
Collective Purchase (Attach OSD approval, scope, budge Department Procurement (includes all Grants - 815 CMR	t) 2.00) (Solicitation	Amendment to Date, Scope or Budget (Attach update	
Notice or RFR, and Response or other procurement supp	orting documentation)	Interim Contract (Attach justification for Interim Contra	
Emergency Contract (Attach justification for emergency, s		Contract Employee (Attach any updates to scope or b	
 Contract Employee (Attach Employment Status Form, sco Other Procurement Exception (Attach authorizing langua specific exemption or earmark, and exception justification, 	ge, legislation with	Other Procurement Exception (Attach authorizing lar scope and budget)	nguage/justification and updated
The Standard Contract Form Instructions and Contractor	Certifications and the fo	llowing Commonwealth Terms and Conditions documen	tare incorporated by reference
into this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions	on):Commonwealth	Terms and Conditions <u>✓</u> Commonwealth Terms and Condition	ons For Human and Social
COMPENSATION: (Check ONE option): The Department cert	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	other non-appropriated fur	nds, subject to intercept for Commonwealth owed debts unde	er 815 CMR 9.00.
Rate Contract. (No Maximum Obligation) Attach details of ✓ Maximum Obligation Contract. Enter total maximum obligation	rail rates, units, calculation of	ns, conditions or terms and any changes if rates or terms are	144.192.00.
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments mu 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			% PPD; Payment issued within 30
days % PPD. If PPD percentages are left blank, identify re	eason: <u></u>	ndard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial
payment (subsequent payments scheduled to support stands	ard EFT 45 day payment	cycle. See Prompt Pay Discounts Policy.)	ne Councils on Aging of the
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or municipalities of the Commonwealth, as appropriated in the Ch	apter 227 of the Acts of 20	ENT: This contract is to distribute a formula grant award to the 220. The award amount is determined by a census-based allo	ocation of available grant funding.
The performance period for this award is 7/1/20-6/30/21. The r	nunicipality certifies that the	ne funds will be used for COA activities, and will complete a f	final fiscal report accounting for
how these grant funds were applied. All approved obligations it to be part of this agreement, are to be funded from the total am	ncurred prior to the effective	ve date of this agreement (for which payment obligations have	e 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.	To a dated at a a to dot a money in the
ANTICIPATED START DATE: (Complete ONE option only)	The 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.	2± 100
2, may be incurred as of .20 , a date LATER tha	n the Effective Date belov	wand <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.
✓ 3. were incurred as of <u>JULY1</u> , 20 20 , a date PRIOR to	the Effective Date below,	and the parties agree that payments for any obligations incu ent payments, and that the details and circumstances of all o	obligations under this Contract are
attached and incorporated into this Contract. Acceptance	e of payments forever rele	eases the Commonwealth from further claims related to these	e obligations.
CONTRACT END DATE: Contract performance shall termin	nate as of JUNE 30 .	20 21, with no new obligations being incurred after this da	ate unless the Contract is properly
amended, provided that the terms of this Contract and perfor completing any negotiated terms and warranties, to allow any	mance expectations and close out or transition 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 represer	tations by the parties, the	"Effective Date" of this Contract or Amendment shall be t	he latest date that this Contract or
Amondment has been executed by an authorized signatory of	the Contractor the Dena	irtment, or a later Contract or Amendment Start Date specific	ed above, subject to any required
approvals. The Contractor certifies that they have accesse	uctions and Contractor Co	ertifications under the pains and penalties of perjury, and furt	ther agrees to provide any required
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 For Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language st			is, this Standard Contract Form, ne
by a Department as unacceptable, and additional penotiated terms provided that ad		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, incorp		rporated herein, provided that any amended RFR or Respon	se terms result in best value, lower
costs, or a more cost effective Contract.		AUTHORIZING SIGNATURE FOR THE COMMONWEA	ΔI TH•
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	10001		
X: Date: Date:	e of Signature)	X: Kaelful Guldsten Date: 248 202 (Signature and Date Must Be Handwritten At Time of Signature)	
Print Name: MARIENE MC COULS	n	Print Name: Rachel Goldstein	
Print Title: ASSISTANT TOWN MANAGUM		Print Title:	

P-13

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/iists/osd-torms.	
CONTRACTOR LEGAL NAME: TOWN OF PRINCETON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 6 TOWN HALL DR PRINCETON, MA 01541-1138		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: AIMEE KINDORF	Phone: 978-464-5977	Billing Address (if different):	
E-Mail: coa@town.princeton.ma.us	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191949		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAPRINCETON0000	
(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	ı only)	Enter Current Contract End Date Prior to Amendment:	
Statewide Contract (OSD or an OSD-designated Departm	525	Enter Amendment Amount: \$ (or "no change	성계 (1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Collective Purchase (Attach OSD approval, scope, budge		AMENDMENT TYPE: (Check one option only. Attach d	
 Department Procurement (includes all Grants - 815 CMR Notice or RFR, and Response or other procurement supp 		Amendment to Date, Scope or Budget (Attach upda Interim Contract (Attach justification for Interim Contra	70.0
Emergency Contract (Attach justification for emergency, s		Contract Employee (Attach any updates to scope or b	
 Contract Employee (Attach Employment Status Form, sco Other Procurement Exception (Attach authorizing langua 		Other Procurement Exception (Attach authorizing la	NE 100
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 options)	Certifications and the fo on): Commonwealth	ollowing Commonwealth Terms and Conditions documer Terms and Conditions <u>✓</u> Commonwealth Terms and Condition	ntare incorporated by reference ons For Human and Social
Services Commonwealth IT Terms and Conditions			611: 0 4 4 1111
COMPENSATION: (Check ONE option): The Department cert in the state accounting system by sufficient appropriations or of			
Rate Contract. (No Maximum Obligation) Attach details of	all rates, units, calculation	ons, conditions or terms and any changes if rates or terms are	e being amended.)
✓ Maximum Obligation Contract. Enter total maximum obligation.	gation for total duration of	f this contract (or new total if Contract is being amended). \$ _	<u>8,280.00.</u>
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth p	ayments are issued thro	ugh EFT 45 days from invoice receipt. Contractors reque	sting accelerated payments must
identify a PPD as follows: Payment issued within 10 days9 days% PPD. If PPD percentages are left blank, identify n	6 PPD; Payment issued w	rithin 15 days% PPD; Payment issued within 20 days ndard 45 day cyclestatutory/legal or Ready Payments (% PPD; Payment issued within 30 MGL c 29 § 23A): only initial
payment (subsequent payments scheduled to support standa			MICHEL OF EG 1 3 EG 1 41 G 111 y III III II
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.			
municipalities of the Commonwealth, as appropriated in the Ch The performance period for this award is 7/1/20-6/30/21. The r	apter 22 / of the Acts of 20 nunicipality certifies that the	J20. The award amount is determined by a census-based allo be funds will be used for COA activities, and will complete a f	cation of available grant funding.
how these grant funds were applied. All approved obligations i	ncurred prior to the effective	ve date of this agreement (for which payment obligations have	e been triggered) and are intended
to be part of this agreement, are to be funded from the total ammaximum obligation of this contract. COAs are responsible for			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> obli	gations have been incurred prior to the Effective Date.	758
2. may be incurred as of, 20, a date LATER tha	n the Effective Date below	w and <u>no</u> obligations have been incurred <u>prior</u> to the Effectiv	
✓ 3. were incurred as of <u>JULY 1</u> , 20 <u>20</u> , a date PRIOR to			
authorized to be made either as settlement payments or attached and incomprated into this Contract. Acceptance	as authorized reimbursen e of payments forever rele	nent payments, and that the details and circumstances of all o eases the Commonwealth from further claims related to these	obligations under this Contract are obligations.
CONTRACT END DATE: Contract performance shall termin			
amended, provided that the terms of this Contract and perfor	mance expectations and	obligations shall survive its termination for the purpose of	resolving any claim or dispute, for
completing any negotiated terms and warranties, to allow any	close out or transition per	formance, reporting, invoicing or final payments, or during	any lapse between amendments.
CERTIFICATIONS: Notwithstanding verbal or other represen			
Amendment has been executed by an authorized signatory of approvals. The Contractor certifies that they have accessed	the Contractor, the Depart	iriment, or a later Contract or Amendment Start Date specific uments incorporated by reference as electronically publis	and above, subject to any required shed and the Contractor makes all
certifications required under the Standard Contract Form Instru	uctions and Contractor Co	ertifications under the pains and penalties of perjury, and furt	ther 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, to			
Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language strick			e (excluding any language stricken
by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, I			relevant terms in the RFR and the
costs, or a more cost effective Contract.	ain 80 i Givik 21.07, inco	rporated fieldin, provided that any affection RFK of Respon	se terris result in best value, lower
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	/	AUTHORIZING SIGNATURE FOR THE COMMONWEA	ALTH:
x: Messel Lata Date:	1/28/2021	x Hollow Da	ate: 3-11-2]
(Signature and Date Must Be Handwritten At Time	of Signature)	(Signature and Date Must Be Handwritten	At Time of Signature)
Print Name: NEVY Ja +Ch		Print Name: 109 Con negly	40 com when
Print Title: Town Hoministrato,		Print Title:	Human
	(Updated 6/3	0/20) Page 1 of 1	acting

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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.macs.gov/list/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 PROVINCETOWN (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 260 COMMERCIAL ST PROVINCETOWN, MA 02657-2213		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: CHRIS HOTTLE	Phone: 508-487-7080	Billing Address (if different):	
E-Mail: chottle@provincetown-ma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191950		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAPROVINCETOWN0	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10)40 C-1 040L-57550
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) Other Procurement Exception (Attach authorizing language, legislation with		CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment:, 20 Enter Amendment Amount: \$ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) Amendment to Date, Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget) Contract Employee (Attach any updates to scope or budget) Other Procurement Exception (Attach authorizing language/justification and updated	
specific exemption or earmark, and exception justification, s		scope and budget)	
The Standard Contract Form Instructions and Contractor (into this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions			
COMPENSATION: (Check ONE option): The Department cert in the state accounting system by sufficient appropriations or o — Rate Contract. (No Maximum Obligation) Attach details of ✓ Maximum Obligation Contract. Enter total maximum oblig	ther non-appropriated fur all rates, units, calculation	nds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms are	er 815 CMR 9.00. e being amended.)
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth paidentify a PPD as follows: Payment issued within 10 days% days% PPD. If PPD percentages are left blank, identify repayment (subsequent payments scheduled to support standard BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or F	% PPD; Payment issued w eason: _✓_agree to star ard EFT 45 day payment	ithin 15 days% PPD; Payment issued within 20 days ndard 45 day cycle statutory/legal or Ready Payments (I cycle. See Prompt Pay Discounts Policy.)	% PPD; Payment issued within 30 M.G.L. c. 29, § 23A);only initial
municipalities of the Commonwealth, as appropriated in the Cha The performance period for this award is 7/1/20-6/30/21. The m how these grant funds were applied. All approved obligations in to be part of this agreement, are to be funded from the total ama maximum obligation of this contract. COAs are responsible for r	apter 227 of the Acts of 20 nunicipality certifies that th ncurred prior to the effective ount awarded under this a	D20. The award amount is determined by a census-based allone funds will be used for COA activities, and will complete a five date of this agreement (for which payment obligations have agreement. This contract, once executed by both parties, will be	cation of available grant funding. inal fiscal report accounting for been triggered) and are intended
ANTICIPATED START DATE: (Complete ONE option only) T			Contract obligations:
1. may be incurred as of the Effective Date (latest signature	date below) and <u>no</u> oblig	gations have been incurred <u>prior</u> to the Effective Date.	Bore
	he Effective Date below, as authorized reimbursem		rred prior to the Effective Date are obligations under this Contract are
CONTRACT END DATE: Contract performance shall termin amended, provided that the terms of this Contract and perform completing any negotiated terms and warranties, to allow any or the completion of the completion of the contract and the contract	nance expectations and	obligations shall survive its termination for the purpose of	resolving any claim or dispute, for
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, he Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH; X:			



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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: CITY OF QUINCY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 1305 HANCOCK ST QUINCY, MA 02169-5119		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: THOMAS F. CLASBY, JR.	Phone: 617-376-1244	Billing Address (if different):	
E-Mail: tclasby@quincyma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000192132		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAQUINCY0000000	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-1	040C-1040L-57550
XNEW 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) t)	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	orting documentation) cope, budget) pe, budget) ge, legislation with scope and budget)	 Interim Contract (Attach justification for Interim Cont Contract Employee (Attach any updates to scope or Other Procurement Exception (Attach authorizing la scope and budget) 	ract and updated scope/budget) budget) anguage/justification and updated
The Standard Contract Form Instructions and Contractor Control into this Contract and are legally binding: (Check ONE options and Conditions) Services Commonwealth IT Terms and Conditions	on): Commonwealth	Terms and Conditions ✓ Commonwealth Terms and Condi	HOUS FOI FIGURALI 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	nds, subject to intercept for Commonwealth owed debts und lose conditions or terms and any changes if rates or terms a	re 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 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:			ve Date. urred prior to the Effective Date are lobligations under this Contract are se obligations.
CONTRACT END DATE: Contract performance shall termin amended, provided that the terms of this Contract and perfor completing any negotiated terms and warranties, to allow any	mance expectations and close out or transition per	obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during	g any lapse between amendments.
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract FormInstructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X:			



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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 RANDOLPH (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 41 S MAIN ST - TREASURER RANDOLPH, MA 02368-4839		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: KERI SULLIVAN	Phone: 781-961-0930	Billing Address (if different):		
E-Mail: ksullivan@randolph-ma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191951		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COARANDOLPH00000	MMARS Doc ID(s): FY21COARANDOLPH00000	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-1	040 C-1040L-57550	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) ✓ Other Procurement Exception (Attach authorizing language, legislation with		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)		
specific exemption or earmark, and exception justification, The Standard Contract Form Instructions and Contractor into this Contract and are legally binding: (Check ONE opt Services Commonwealth IT Terms and Conditions	Certifications and the fo ion): Commonwealth	Terms and Conditions <u>✓</u> Commonwealth Terms and Conditi	ions 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 f all rates, units, calculatio	nds, subject to intercept for Commonwealth owed debts und ons, conditions or terms and any changes if rates or terms ar	er 815 CMR 9.00. re 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 Council 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 a 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 how these grant funds were applied. All approved obligations incurred prior to the effective date of this agreement (for which payment obligations have been trig 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 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 ve been triggered) and are intended		
ANTICIPATED START DATE: (Complete ONE option only)			Contract obligations:	
1. may be incurred as of the Effective Date (latest signature	e date below) and <u>no</u> obli	gations have been incurred prior to the Effective Date.		
3. were incurred as of <u>JULY1</u> , 20 <u>20</u> , a date PRIOR to authorized to be made either as settlement payments or	the Effective Date below, as authorized reimbursen	w and <u>no</u> obligations have been incurred <u>prior</u> to the Effecti , and the parties agree that payments for any obligations inc nent payments, and that the details and circumstances of all eases the Commonwealth from further claims related to thes	urred prior to the Effective Date are lobligations under this Contract are	
CONTRACT END DATE: Contract performance shall term amended, provided that the terms of this Contract and perfor completing any negotiated terms and warranties, to allow any	mance expectations and	dobligations 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 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 reapprovals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor may certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any readocumentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attact incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract For Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any languages by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR a Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:			fied above, subject to any required ished and the Contractor makes all rither agrees to provide any required is in Massachusetts are attached or ns, this Standard Contract Form, he se (excluding any language stricken be relevant terms in the RFR and the nise terms result in best value, lower	
X:		X: (Signature and Date Must Be Handwritter Print Name: Print Title:	1 At Time of Signature)	
Print Title: Print			Contracting	

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

CONTRACTOR LEGAL NAME: TOWN OF REHOBOTH (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 148R PECK ST REHOBOTH, MA 02769-3009		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: LINNA SHERMAN	Phone: 508-252-3372	Billing Address (if different):	
E-Mail: Isherman@town.rehoboth.ma.us	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191955		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAREHOBOTH00000	T U. 017-127-5000
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	100 4040L F7FF0
X NEW CONTRACT			Maria Ma
PROCUREMENT OR EXCEPTION TYPE: (Check one option		CONTRACT AMEND! Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20
Statewide Contract (OSD or an OSD-designated Departm Collective Purchase (Atlach OSD approval, scope, budge)	ent)	Enter Amendment Amount: \$ (or "no charge")
Department Procurement (includes all Grants - 815 CMR)	2.00) (Solicitation	AMENDMENT TYPE: (Check one option only. Attach d Amendment to Date, Scope or Budget (Attach update)	
Notice or RFR, and Response or other procurement support	orting documentation)	Interim Contract (Attach justification for Interim Contra	
Emergency Contract (Allach justification for emergency, s Contract Employee (Allach Employment Status Form, score	an hudanii	Contract Employee (Attach any updates to scope or b	oudget)
✓ Other Procurement Exception (Allach authorizing language)	e. legislation with	Other Procurement Exception (Attach authorizing lar	nguage/justification and updated
specific exemption or earmark, and exception justification, s	cope and budget)	scope and budget)	
The Standard Contract Form Instructions and Contractor C Into this Contract and are legally binding: (Check ONE option Services Commonwealth IT Terms and Conditions	Certifications and the foon): Commonwealth T	Illowing Commonwealth Terms and Conditions documen Terms and Conditions ✓ Commonwealth Terms and Condition	t are incorporated by reference ons For Human and Social
COMPENSATION: (Check ONE option): The Department certi	fies that payments for au	thorized performance accepted in accordance with the terms	of this Contract will be supported
in the state accounting system by sufficient appropriations or o	ther non-appropriated fun	ids, subject to intercent for Commonwealth owed debts under	4 845 CMP 0 00
Rate Contract. (No Maximum Obligation) Atlach details of ✓ Maximum Obligation Contract. Enter total maximum oblig	all rates, units, calculation	ns, conditions or terms and any changes if rates or terms are	being amended.)
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth paidentify a PPD as follows: Payment issued within 10 days%	yments are issued through	ugh EFT 45 days from invoice receipt. Contractors reques	ling accelerated payments must
days% PPD. If PPD percentages are left blank, identify re	ason: V agree to star	rdard 45 day cycle statutory/lenal or Ready Payments //	MGL c.29 6 23A\ only initial
payment (subsequent payments scheduled to support standa	rd EFT 45 day payment i	cycle, See Promot Pay Discounts Policy.)	
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or R	EASON FOR AMENDME	NT: This contract is to distribute a formula grent award to the	e Councils on Aging of the
municipalities of the Commonwealth, as appropriated in the Cha The performance period for this award is 7/1/20-6/30/21. The m	unicipality certifies that th	in funds will be used for COA activities and will complete a fi	inal ficoal round accounting for
now these grant funds were applied. All approved obligations in	curred prior to the effective	e date of this agreement (for which payment obligations have	heen triangred) and are intended
to be part of this agreement, are to be funded from the total amor maximum obligation of this contract, COAs are responsible for re	unt awarded under this a	greement. This contract, once executed by both parties, will be	e treated as the sole invoice for the
ANTICIPATED START DATE: (Complete ONE option only) Ti	ne Department and Contr	ractor coellist for this Control or Control Amademat that C	Sandanal ability is as
1. may be incurred as of the Effective Date (latest signature	date below) and no oblic	rations have been incurred prior to the Effective Date	Univacioniganons:
2. may be incurred as of, 20, a date LATER than	the Effective Date below	and no obligations have been incurred prior to the Effective	Date.
✓ 3. were incurred as of JULY 1, 20 20 , a date PRIOR to the second	e Effective Date below.	and the parties agree that payments for any obligations in our	red prior to the Effective Date are
authorized to be made either as settlement payments or a	s authorized reimbursem	ent payments, and that the details and circumstances of all o	hillyations under this Contract are
		ases the Commonwealth from further claims related to these	
CONTRACT END DATE: Contract performance shall termine amended, provided that the terms of this Contract and performance and pe	ate as of <u>JUNE 30</u>	20,21, with no new obligations being incurred after this dat	le unless the Contract is properly
completing any negotiated terms and warranties, to allow any o	lose out or transition per	obligations shall survive its termination for the purpose of r formance, reporting, involcing or final payments, or during a	esciving any daim or dispute, for any lapse between amendments.
CERTIFICATIONS: Notwithstanding verbal or other representa-			
Amendment has been executed by an authorized signatory of I	he Contractor, the Denai	riment or a later Contract or Amendment Start Date specifie	d ahour subject to any togeted
approvals. The Contractor certifies that they have accessed	and reviewed all docu	ments incorporated by reference as electronically publish	ned and the Contractor makes all
certifications required under the Standard Contract Form Instru	clions and Contractor Ce	diffications under the nains and penalties of periory, and furth	per angree to provide agreement of
documentation upon request to support compliance, and ag incorporated by reference herein according to the following hier	rees mat an terms gove	irring performance of this Contract and doing business in	n Massachusells are allached or
incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Formal Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any languages			(excluding any language stricken
by a Department as unacceptable, and additional negotiate	d terms, provided that a	idditional negotiated terms will take precedence over the re	elevant terms in the RFR and the
Contractor's Response only if made using the process outlined costs, or a more cost effective Contract.	an but CIVITY 21.07, INCO	porated herein, provided that any amonded RFR or Respons	e terms result in best value, lower
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AUTHORIZING SIGNATURE FOR THE COMMONWEAL	LTH:0 1. 0/
xtrderek E Varmanate:	1/25/2021	X: Par Conner Dat	
(Signature and Date Must Be Handwritten At Time	of Signature)	(Signature and Date Must Be Handwritten A	At Time of Signature)
Print Name: Frederick E. Vadnais, Jr.		Print Name: A COOL CONTROL TO NOTE OF Signature)	
Print Title: Chairman	,)	Print Title:	At 124Ming
The second control of	(Updated 6420	100 Paradata and Silver	vartin)

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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.masc.gov/lists/osd-forms.

https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.	mass.gov/lists/osd-torms.	
CONTRACTOR LEGAL NAME: CITY OF REVERE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 281 BROADWAY REVERE, MA 02151-5027		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: DEB PZECKA-DiGIULIO	Phone: 781-286-8156	Billing Address (if different):	
E-Mail: dpeczka@revere.org	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000192136		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAREVERE0000000	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	140C-1040L-57550
		CONTRACT AMENDMENT Enter Current Contract End Date Prior to Amendment:, 20 Enter Amendment Amount: \$ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) Amendment to Date, Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget) Contract Employee (Attach any updates to scope or budget) Other Procurement Exception (Attach authorizing language/justification and updated scope and budget) Dillowing Commonwealth Terms and Conditions document are incorporated by reference Terms and Conditions Commonwealth Terms and Conditions For Human and Social	
ServicesCommonwealth IT Terms and Conditions COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended). \$ 122,328.00. PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason:✓ agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or R municipalities of the Commonwealth, as appropriated in the Cha The performance period for this award is 7/1/20-6/30/21. The m how these grant funds were applied. All approved obligations in to be part of this agreement, are to be funded from the total amount maximum obligation of this contract. COAs are responsible for maximum obligation.	apter 227 of the Acts of 20 nunicipality certifies that th ncurred prior to the effective nunt awarded under this a	D20. The award amount is determined by a census-based allo the funds will be used for COA activities, and will complete a factivities, and will complete a fact the date of this agreement (for which payment obligations have agreement. This contract, once executed by both parties, will be	ocation of available grant funding. final fiscal report accounting for e been triggered) and are intended
ANTICIPATED START DATE: (Complete ONE option only) 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 ofUNE 30, 20_21, with no new obligations being incurred after this date unless the Contract is properly			e Date. rred prior to the Effective Date are obligations under this Contract are e obligations.
amended, provided that the terms of this Contract and perforn completing any negotiated terms and warranties, to allow any o	mance expectations and close out or transition per	obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during	resolving any claim or dispute, for any lapse between amendments.
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language strict by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, locosts, or a note cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X:			ed above, subject to any required shed and the Contractor makes all the agrees to provide any required in Massachusetts are attached or is, this Standard Contract Form, the cexcluding any language stricken relevant terms in the RFR and the ise terms result in best value, lower ALTH: At Time of Signature)

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Thubs://www.maconiphiolier.org/forms. Torms are also posted at	OOD TOTTIB. TREPS.//WWW.	naccigo vinciare da Territo.		
CONTRACTOR LEGAL NAME: TOWN OF RICHMOND (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 1529 STATE RD RICHMOND, MA 01254-5094		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: PHYLLIS LEBEAU	Phone: 413-698-3656	Billing Address (if different):		
E-Mail: coa@richmondma.org	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191957		E-Mail: STACEY,OCONNELL@MASS,GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COARICHMOND00000	MMARS Doc ID(s): FY21COARICHMOND00000	
(Note: The Address ID must be set up for EFT payments.)	İ	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 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, scop ✓ Other Procurement Exception (Attach authorizing language specific exemption or earmark, and exception justification, s	ge, legislation with	Other Procurement Exception (Attach authorizing la scope and budget)	nguage/justification and updated	
The Standard Contract Form Instructions and Contractor Control into this Contract and are legally binding: (Check ONE option Services Commonwealth IT Terms and Conditions	Certifications and the fo	llowing Commonwealth Terms and Conditions documer Terms and Conditions <u>✓</u> Commonwealth Terms and Conditi	nt are incorporated by reference ons 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 oblig	ther non-appropriated fur all rates, units, calculatio	nds, subject to intercept for Commonwealth owed debts underns, conditions or terms and any changes if rates or terms are	er 815 CMR 9.00. e being amended.)	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth paidentify a PPD as follows: Payment issued within 10 days% days% PPD. If PPD percentages are left blank, identify repayment (subsequent payments scheduled to support standard)	% PPD; Payment issued w eason: <u>√</u> agree to star	ithin 15 days % PPD; Payment issued within 20 days ndard 45 day cycle statutory/legal or Ready Payments (% PPD; Payment issued within 30	
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMPIDIAL 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 amaximum obligation of this contract. COAs are responsible for returning this executed co		D20. The award amount is determined by a census-based allone funds will be used for COA activities, and will complete a vee date of this agreement (for which payment obligations have greement. This contract, once executed by both parties, will later 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) T			Contract obligations:	
1. may be incurred as of the Effective Date (latest signature 2. may be incurred as of, 20, a date LATER than	e date below) and <u>no</u> obli on the Effective Date below	gations have been incurred <u>prior</u> to the Effective Date. wand no obligations have been incurred prior to the Effective	ve Date.	
3. were incurred as of <u>JULY 1</u> , 20 <u>20</u> , a date PRIOR to to authorized to be made either as settlement payments or a	he Effective Date below, as authorized reimbursem	, and the parties agree that payments for any obligations incurred prior to the Effective Date are ment payments, and that the details and circumstances of all obligations under this Contract are eases the Commonwealth from further claims related to these obligations.		
CONTRACT END DATE: Contract performance shall terminate as of JUNE 30, 20 21, with no new obligations being incurred after this date unless the Contract is programeded, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispured terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amending			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 Contractor Amendment shall be the latest date that this Contractor Amendment Start Date specified above, subject to any approvals. The Contractor certifications certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are att 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 RFF Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best vacosts, or a more cost effective Contract.			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	
AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X:		X: Lecture Guidstern Date: 28 2021 (Signature and Date Must Be Handwritten At Time of Signature) Print Name: Racket Guidstern		
Print Title: Town Administrator.		Print Title:		



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Forms are also posted at OSD Forms: https://www.mass.gov/lists	/osd-torms.		
CONTRACTOR LEGAL NAME: TOWN OF ROCHESTER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 1 CONSTITUTION WAY ROCHESTER, MA 02770-2029		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: MIKE CAMBRA	Phone: 508-763-8723	Billing Address (if different):	
E-Mail: freightmaster1@comcast.net	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191958		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAROCHESTER0000	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040	-1040 C-1040L-57550
XNEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department)Collective Purchase (Attach OSD approval, scope, budget)Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation)Emergency Contract (Attach justification for emergency, scope, budget)Contract Employee (Attach Employment Status Form, scope, budget)Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		CONTRACT AMENDMENT Enter Current Contract End Date Prior to Amendment:, 20 Enter Amendment Amount: \$ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) Amendment to Date, Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget) Contract Employee (Attach any updates to scope or budget) Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)	
The Standard Contract Form Instructions and Contractor C into this Contract and are legally binding: (Check ONE option Services Commonwealth IT Terms and Conditions			
COMPENSATION: (Check ONE option): The Department certi in the state accounting system by sufficient appropriations or oRate Contract. (No Maximum Obligation) Attach details ofY Maximum Obligation Contract. Enter total maximum oblig PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth paidentify a PPD as follows: Payment issued within 10 days% days% PPD. If PPD percentages are left blank, identify re	ther non-appropriated fur all rates, units, calculation ation for total duration of yments are issued thro PPD; Payment issued wason:agree to star	nds, subject to intercept for Commonwealth owed debts units, conditions or terms and any changes if rates or terms this contract (or <i>new</i> total if Contract is being amended). The contract (or <i>new</i> total if Contract is being amended). The contract (or <i>new</i> total if Contract is being amended). The contractors required in the contrac	nder 815 CMR 9.00. are being amended.) \$ 12,204.00. uesting accelerated payments must % PPD; Payment issued within 30
payment (subsequent payments scheduled to support standa BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or R municipalities of the Commonwealth, as appropriated in the Cha The performance period for this award is 7/1/20-6/30/21. The m how these grant funds were applied. All approved obligations in to be part of this agreement, are to be funded from the total amaximum obligation of this contract. COAs are responsible form	EASON FOR AMENDMI pter 227 of the Acts of 20 unicipality certifies that the curred prior to the effective ount awarded under this a eturning this executed co	ENT: This contract is to distribute a formula grant award to 20. The award amount is determined by a census-based are funds will be used for COA activities, and will complete by date of this agreement (for which payment obligations higreement. This contract, once executed by both parties, with act by no later than June 30, 2021.	allocation of available grant funding. a final fiscal report accounting for ave been triggered) and are intended ill be treated as the sole invoice for the
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CERTIFICATIONS: Notwithstanding verbal or other represent Amendment has been executed by an authorized signatory of approvals. The Contractor certifies that they have accessed certifications required under the Standard Contract Form Instru documentation upon request to support compliance, and actincorporated by reference herein according to the following hie Standard Contract Form Instructions and Contractor Certification by a Department as unacceptable, and additional negotiate Contractor's Response only if made using the process outlined costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: Manna Sugnature and Date Must Be Handwritten At Time Print Name: Suzand Sugnature	ations by the parties, the he Contractor, the Depa d and reviewed all doctorions and Contractor Cerrees that all terms government of document precess, the Request for Resid terms, provided that a in 801 CMR 21.07, incom	"Effective Date" of this Contract or Amendment shall be trement, or a later Contract or Amendment Start Date specuments incorporated by reference as electronically publifications under the pains and penalties of perjury, and ferning performance of this Contract and doing busine edence, the applicable Commonwealth Terms and Conditions (RFR) or other solicitation, the Contractor's Responditional negotiated terms will take precedence over the prorated herein, provided that any amended RFR or Respondent Contractor's Respondent Provided that any amended RFR or Respondent Provided that Amended RFR or Respondent Provided	the the latest date that this Contract or cified above, subject to any required oblished and the Contractor makes all urther agrees to provide any required ass in Massachusetts are attached or ions, this Standard Contract Form, the nise (excluding any language stricken he relevant terms in the RFR and the onse terms result in best value, lower IEALTH:

(Updated 6/30/20) Page 1 of 1 and Continued W

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.

Trapositiviti si acompareneri ergiterine: i erine are alee peelea at	COB TOTAL TRAPESTATION	nace.go vinetero ca formo.	
CONTRACTOR LEGAL NAME: TOWN OF ROCKLAND (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 242 UNION ST ROCKLAND, MA 02370-1804		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: MARGARET BRYAN	Phone: 781-871-1266	Billing Address (if different):	
E-Mail: rocklandseniors@yahoo.com	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191959		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAROCKLAND00000	CONTRACTOR
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	140C-1040I -57550
X NEW CONTRACT		CONTRACT AMENDI	energy of the control
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	t)	AMENDMENT TYPE: (Check one option only. Attach d	letails of amendment changes.)
— Department Procurement (includes all Grants - 815 CMR. Notice or RFR, and Response or other procurement suppressions.)		Amendment to Date, Scope or Budget (Attach upda	
Emergency Contract (Attach justification for emergency, s		Interim Contract (Attach justification for Interim Contra	
Contract Employee (Attach Employment Status Form, sco ✓ Other Procurement Exception (Attach authorizing language)		Contract Employee (Attach any updates to scope or b Other Procurement Exception (Attach authorizing lar	
specific exemption or earmark, and exception justification, s		scope and budget)	iguagajusiilicalion and updated
The Standard Contract Form Instructions and Contractor C			
into this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions	on):Commonwealth 1	Ferms and Conditions <u>✓</u> Commonwealth Terms and Condition	ons For Human and Social
COMPENSATION: (Check ONE option): The Department cert			
in the state accounting system by sufficient appropriations or one Rate Contract. (No Maximum Obligation) Attach details of			
✓ Maximum Obligation Contract. Enter total maximum oblig			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pa	syments are issued throu	ugh EFT 45 days from invoice receipt. Contractors reques	sting accelerated payments must
identify a PPD as follows: Payment issued within 10 days%	PPD; Payment issued 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 payment (subsequent payments scheduled to support standa			vi.G.L. c. 29, § 23A); only initial
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant funding. The performance period for this award is 7/1/20-6/30/21. The municipality certifies that the funds will be used for COA activities, and will complete a final fiscal report accounting for how these grant funds were applied. All approved obligations incurred prior to the effective date of this agreement (for which payment obligations have been triggered) and are intended to be part of this agreement, are to be funded from the total amount awarded under this agreement. This contract, once executed by both parties, will be treated as the sole invoice for the contract.			cation of available grant funding. inal fiscal report accounting for been triggered) and are intended
maximum obligation of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021. ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:			Contract obligations:
1. may be incurred as of the Effective Date (latest signature	The second second second second		ontractobligations:
2. may be incurred as of, 20, a date LATER than			e Date.
✓ 3, were incurred as of JULY 1, 20 20 , a date PRIOR to the	he Effective Date below,	and the parties agree that payments for any obligations incu	rred prior to the Effective Date are
authorized to be made either as settlement payments or a		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 o	close out or transition per	formance, 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 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.			ed above, subject to any required hed and the Contractor makes all her agrees to provide any required in Massachusetts are attached or s, this Standard Contract Form, he (excluding any language stricken relevant terms in the RFR and the se terms result in best value, lower
AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X:			te: 2-11-d/
	(Updated 6/30	1/20) Page 1 of 1	1

This form is jointly issued and published by the Office of the Comptroller (CTR), the Executive Office for Administration and Finance (ANF), and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any Instructions and Contractor Certifications, the Commonwealth Terms and Conditions for Human and Social Services or the Commonwealth IT Terms and Conditions which https://www.macomptroller.org/forms. Forms are also posted at OSD Forms: https://www.mass.gov/lists/osd-forms

https://www.macomptroller.org/forms. Forms are also posted a	t OSD Forms: https://www	/.mass.gov/lists/osd-forms	ess published forms at CIR Form	
CONTRACTOR LEGAL NAME: TOWN OF ROCKPORT (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): PO BOX 15 ROCKPORT, MA 01966-0015		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: DIANE BERTOLINO	Phone: 978-546-2573	Billing Address (if different):		
E-Mail: dbertolino@rockportma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191960		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAROCKPORT00000	Tax. 017-727-9300	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-	10400 40401 57550	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option		CONTRACT AMENI Enter Current Contract End Date Prior to Amendment:	DMENT	
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 Amendment Amount: \$ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) Amendment to Date, Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget) Contract Employee (Attach any updates to scope or budget) Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)		
The Standard Contract Form Instructions and Contractor C into this Contract and are legally binding: (Check ONE option Services Commonwealth IT Terms and Conditions	commonwealth i	erns and Conditions V Commonwealth Terms and Condit	ions For Human and Social	
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2. They be incurred as of 20 a date LATER than	the Effective Date holow	and no obligations but he is the second	a Data	
authorized to be made either as settlement payments or as attached and incorporated into this Contract. Acceptance of	e Effective Date below, ai authorized reimbursemer of payments forever releas	nd the parties agree that payments for any obligations incu nt payments, and that the details and circumstances of all c ses the Commonwealth from further claims related to the sec	rred prior to the Effective Date are	
amended, provided that the terms of this Contract and performs completing any negotiated terms and warranties, to allow any clo	te as of <u>JUNE 30</u> , 20 ance expectations and ol ose out or transition perfo	0.21, with no new obligations being incurred after this da bligations shall survive its termination for the purpose of r rmance, reporting, invoicing or final payments, or during.	te unless the Contract is properly esolving any claim or dispute, for any lapse between amendments	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes 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, by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and to costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X:			d above, subject to any required ned and the Contractor makes all the agrees to provide any required in Massachusetts are attached or state, this Standard Contract Form, the dexcluding any language stricken the standard the elevant terms in the RFR and the elevant terms in best value, lower	
Print Name: Mitchell R. Vierra Print Title: Town Administrator.	2-0	Print Title:	# Agrounting	
	(= paarou 0/00/21	y rayeror viii viii viii		

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intps://www.macomptiolier.org/lorns. Forms are also posted at	OSD FOITIS. ITUPS.//WWW.	mass.gov/iisis/osu-ioms.	
CONTRACTOR LEGAL NAME: TOWN OF ROWE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 321 ZOAR RD ROWE, MA 01367-9728		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: SANDRA DAVIAU	Phone: 413-339-5520	Billing Address (if different):	
E-Mail: collector@rowe-ma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191961		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAROWE00000000	Constitution of the consti
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10)40C-1040L-57550
X NEW CONTRACT		CONTRACT AMENDI	
PROCUREMENT OR EXCEPTION TYPE: (Check one option	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	t) ´	AMENDMENT TYPE: (Check one option only. Attach d	
 Department Procurement (includes all Grants - 815 CMR) Notice or RFR, and Response or other procurement suppx 		Amendment to Date, Scope or Budget (Attach upda	
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Contract Employee (Attach Employment Status Form, scop ✓ Other Procurement Exception (Attach authorizing language	ne, budget)	Other Procurement Exception (Attach authorizing lai	5/27 12
specific exemption or earmark, and exception justification, s		scope and budget)	gaagajastiicatorranaapaatca
The Standard Contract Form Instructions and Contractor Cinto this Contract and are legally binding: (Check ONE option Services Commonwealth IT Terms and Conditions	Certifications and the foon): Commonwealth 1	llowing Commonwealth Terms and Conditions documer Ferms and Conditions <u>✓</u> Commonwealth Terms and Condition	ntare incorporated by reference ons For Human and Social
COMPENSATION: (Check ONE option): The Department certi			
in the state accounting system by sufficient appropriations or o Rate Contract. (No Maximum Obligation) Attach details of	ther non-appropriated fun	ds, subject to intercept for Commonwealth owed debts under	er 815 CMR 9.00.
✓ Maximum Obligation Contract. Enter total maximum oblig	all rates, units, calculate	this contract (or new total if Contract is being amended). \$ (6,000.00.
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pa			
identify a PPD as follows: Payment issued within 10 days %	PPD; Payment issued w	ithin 15 days % PPD; Payment issued within 20 days	% PPD; Payment issued within 30
days% PPD. If PPD percentages are left blank, identify re	eason: 🗹 agree to star	ndard 45 day cycle statutory/legal or Ready Payments (I	M.G.L. c. 29, § 23A); only initial
payment (subsequent payments scheduled to support standa			e Councils on Aging of the
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant further performance period for this award is 7/1/20-6/30/21. The municipality certifies that the funds will be used for COA activities, and will complete a final fiscal report accounthow 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 the part of this agreement, are to be funded from the total amount awarded under this agreement. This contract, once executed by both parties, will be treated as the sole invoiting attention of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021.		cation of available grant funding. inal fiscal report accounting for been triggered) and are intended	
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1. may be incurred as of the Effective Date (latest signature	date below) and <u>no</u> oblig	gations have been incurred prior to the Effective Date.	B.4
2. may be incurred as of, 20, a date LATER than ✓3. were incurred as of <u>JULY 1</u> , 20 <u>20</u> , a date PRIOR to the			
authorized to be made either as settlement payments or a	as authorized reimbursem	ent payments, and that the details and circumstances of all o	obligations under this Contract are
		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 or the contract of the cont	nance expectations and	obligations shall survive its termination for the purpose of	resolving any claim or dispute, for
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes certifications required under the Standard Contract Form Instructions and 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, locosts, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: Date: X: Cignature and Date Must Be Handwritten At Time of Signature) Print Name: Print Title: Print Title: Print Title: Print Title:			ed above, subject to any required hed and the Contractor makes all her agrees to provide any required in Massachusetts are attached or s, this Standard Contract Form, he excluding any language stricken relevant terms in the RFR and the se terms result in best value, lower LTTH:
	(Updated 6/30	0/20) Page 1 of 1	

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https://www.macomptroller.org/forms. Forms are also posted at OSD Forms; https://www.mass.gov/lists/osd-forms.			
CONTRACTOR LEGAL NAME: TOWN OF ROYALSTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): PO BOX 1 ROYALSTON, MA 01368-0001		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: BETTY WOODBURY	Phone: 978-249-9656	Billing Address (if different):	
E-Mail: bos@royalston-ma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191963		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAROYALSTON0000	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	040 C-1 040 L-57550
X NEW CONTRACT 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) Dillowing Commonwealth Terms and Conditions documentare incorporated by reference	
COMPENSATION: (Check ONE option): The Department cert in the state accounting system by sufficient appropriations or compensation. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum obligation.	other non-appropriated fur all rates, units, calculation	nds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms are	er 815 CMR 9.00. e being amended.)
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.) 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 Ch The performance period for this award is 7/1/20-6/30/21. The n how these grant funds were applied. All approved obligations in to be part of this agreement, are to be funded from the total am maximum obligation of this contract. COAs are responsible for	apter 227 of the Acts of 20 nunicipality certifies that th ncurred prior to the effectiv ount awarded under this a	D20. The award amount is determined by a census-based allo ne funds will be used for COA activities, and will complete a f we date of this agreement (for which payment obligations have agreement. This contract, once executed by both parties, will b	cation of available grant funding. final fiscal report accounting for been triggered) and are intended
ANTICIPATED START DATE: (Complete ONE option only) T	he Department and Cont	ractor certify for this Contract, or Contract Amendment, that C	Contract obligations:
1. may be incurred as of the Effective Date (latest signature			B-1
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 the authorized to be made either as settlement payments or a attached and incorporated into this Contract. Acceptance	he Effective Date below, as authorized reimbursem		rred prior to the Effective Date are obligations under this Contract are
CONTRACT END DATE: Contract performance shall terminate as ofJUNE 30_, 20 21, with no new obligations being incurred after this date unless the Contract is 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 shall be the latest date that this 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 require 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 stricke by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: (Signature and Date Must Be Handwritten At Time of Signature) Print Name: Print Title: (Signature and Date Must Be Handwritten At Time of Signature)			
(Updated 6/30/20) Page 1 of 1 and Contracting			

This form is jointly issued and published by the Office of the Comptroller (CTR), the Executive Office for Administration and Finance (ANF), and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published 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.masc.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 RUSSELL (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): PO BOX 407 RUSSELL, MA 01071-0407		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: HEATHER MORGAN	Phone: 413-862-6205	Billing Address (if different):	
E-Mail: hmorgan125@gmail.com	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191964		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COARUSSELL000000	
(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	n only)	Enter Current Contract End Date Prior to Amendment:	
Statewide Contract (OSD or an OSD-designated Departm		Enter Amendment Amount: \$ (or "no change	
Collective Purchase (Attach OSD approval, scope, budge	et)	AMENDMENT TYPE: (Check one option only. Attach d	
Department Procurement (includes all Grants - 815 CMR Notice or RFR, and Response or other procurement supp	2.00) (Solicitation orting documentation)	Amendment to Date, Scope or Budget (Attach upda Interim Contract (Attach justification for Interim Contra	
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	pe, budget)	Other Procurement Exception (Attach authorizing la	
Other Procurement Exception (Attach authorizing langua specific exemption or earmark, and exception justification.)	scope and budget)	scope and budget)	
The Standard Contract Form Instructions and Contractor into this Contract and are legally binding: (Check ONE opt Services Commonwealth IT Terms and Conditions	Certifications and the fo	ollowing Commonwealth Terms and Conditions document Terms and Conditions <u>✓</u> Commonwealth Terms and Conditions	nt are incorporated by reference ons For Human and Social
COMPENSATION: (Check ONE option): The Department cer	tifies that navments for au	thorized performance accepted in accordance with the terms	s of this Contract will be supported
in the state accounting system by sufficient appropriations or o	other non-appropriated fur	nds, subject to intercept for Commonwealth owed debts unde	er 815 CMR 9.00.
Rate Contract. (No Maximum Obligation) Attach details o	fall rates, units, calculation	ons, conditions or terms and any changes if rates or terms and	e ooo oo
Maximum Obligation Contract. Enter total maximum obli			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth p identify a PPD as follows: Payment issued within 10 days	ayments 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 r	% PPD; Payment issued w eason: ✓ agree to sta	ndard 45 day cycle statutory/legal or Ready Payments (MG.L. c. 29, § 23A); only initial
payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant fund		ne Councils on Aging of the	
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		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	incurred prior to the effecti	ve date of this agreement (for which payment obligations hav	e been triggered) and are intended
to be part of this agreement, are to be funded from the total an maximum obligation of this contract. COAs are responsible for	nount awarded under this a	agreement. This contract, once executed by both parties, will I	be treated as the sole invoice for the
ANTICIPATED START DATE: (Complete ONE option only)	The Department and Cont	tractor certify for this Contract, or Contract Amendment, that	Contract obligations:
1. may be incurred as of the Effective Date (latest signatur	e date below) and no obli	gations have been incurred prior to the Effective Date.	
2, may be incurred as of , 20 , a date LATER that	n the Effective Date below	w and <u>no</u> obligations have been incurred <u>prior</u> to the Effectiv	e Date.
✓ 3 were incurred as of JULY 1, 20 20 a date PRIOR to	the Effective Date below.	and the parties agree that payments for any obligations incl	urred prior to the Effective Date are
authorized to be made either as settlement payments or	as authorized reimbursen	nent payments, and that the details and circumstances of all eases the Commonwealth from further claims related to thes	obligations under this Contract are
contract END DATE: Contract performance shall termine	e of payments forever rea	20.21 with no new obligations being incurred after this di	ate unless the Contract is properly
amended provided that the terms of this Contract and perfor	mance evnectations and	I obligations shall survive its termination for the purpose of	resolving any claim or dispute, for
completing any negotiated terms and warranties, to allow any	close out or transition pe	rformance, reporting, invoicing or final payments, or during	any lapse between amendments.
CERTIFICATIONS: Notwithstanding verbal or other represen	ntations by the parties, the	"Effective Date" of this Contract or Amendment shall be	the latest date that this Contract or
Amandment has been executed by an authorized signatory of	the Contractor the Dena	artment, or a later Contract or Amendment Start Date specifi	ied above, subject to any required
approvals. The Contractor certifies that they have accesse certifications required under the Standard Contract Form Instr	ed and reviewed all doc	cuments incorporated by reference as electronically public	ther agrees to provide any required
documentation upon request to support compliance, and a	grees that all terms gov	erning performance of this Contract and doing business	in Massachusetts are attached or
documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attact incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Following hierarchy of document precedence, the applicable Commonwealth Contract Following hierarchy of document precedence, the applicable Commonwealth Contract Following hierarchy of document precedence, the applicable Commonwealth Contract Following hierarchy of document precedence, the applicable Commonwealth Contract Following hierarchy of document precedence, the applicable Commonwealth Contract Following hierarchy of document precedence and the contract Following hierarchy of the contract F			ns, this Standard Contract Form, the
Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language st by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the response (excluding any language st by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the response (excluding any language st lang			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 costs, or a more cost effective Contract.		nse terms result in dest value, lower	
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	1001	AUTHORIZING SIGNATURE FOR THE COMMONWE	ALTH:
X: Letter of the Date:	1/98/903/	A. //	ate: 1-21.
Signature and Date Must Be Handwritten At Tim	e of Signature)	(Signature and Date Must Be Handwritten	(At Time of Signature)
Print Name: Kerth Cortis .		Print Name: Penal Jo Nate	time time
Print Title: Board of Schedmen.		Print Title:	1 VI VI
-0	(Updated 6/3	10/20) Page 1 of 1 and Contr	Herry
			13077



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

https://www.macomptroller.org/forms. Forms are also posted at	https://www.macomptroller.org/forms. Forms are also posted at OSD Forms: https://www.mass.gov/lists/osd-forms.				
CONTRACTOR LEGAL NAME: TOWN OF RUTLAND (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:			
Legal Address: (W-9, W-4): 250 MAIN ST RUTLAND, MA 01543-1376		Business Mailing Address: 1 ASHBURTON PL BOST	Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: NANCY NICHOLS	Phone: 508-886-7945	Billing Address (if different):			
E-Mail: nancyn@townofrutland.org	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419		
Contractor Vendor Code: VC6000191965		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368		
Vendor Code Address ID (e.g. "AD001"): AD_001.		MMARS Doc ID(s): FY21COARUTLAND000000			
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10)40C-1040L-57550		
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option	a anly)	CONTRACT AMENDI Enter Current Contract End Date <i>Prior</i> to Amendment _			
Statewide Contract (OSD or an OSD-designated Departm	0.000 CO. 0.00	Enter Amendment Amount: \$ (or "no change")			
Collective Purchase (Attach OSD approval, scope, budget	et)	AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)			
Department Procurement (includes all Grants - 815 CMR / Notice or RFR, and Response or other procurement support		Amendment to Date, Scope or Budget (Attach updat			
Emergency Contract (Attach justification for emergency, so	scope, budget)	Interim Contract (Attach justification for Interim Contra Contract Employee (Attach any updates to scope or b			
Contract Employee (Attach Employment Status Form, scop Other Procurement Exception (Attach authorizing language specific exemption or earmark, and exception justification, s	ge, legislation with	Other Procurement Exception (Attach authorizing lar scope and budget)			
The Standard Contract Form Instructions and Contractor C		A SECOND CONTRACTOR OF THE PROPERTY OF THE PRO	at are incorporated by reference		
into this Contract and are legally binding: (Check ONE option Services Commonwealth IT Terms and Conditions	ion):Commonwealth ⁻	Terms and Conditions <u>✓ Commonwealth Terms</u> and Condition	ons For Human and Social		
COMPENSATION: (Check ONE option): The Department certi	ifies that payments for au	thorized performance accepted in accordance with the terms	of this Contract will be supported		
in the state accounting system by sufficient appropriations or o Rate Contract. (No Maximum Obligation) Attach details of	fall rates, units, calculation	ons, conditions or terms and any changes if rates or terms are	e being amended.)		
Maximum Obligation Contract. Enter total maximum oblig	gation for total duration of	f this contract (or <i>new</i> total if Contract is being amended). \$ _1	13,608.00.		
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pa	ayments are issued thro	ugh EFT 45 days from invoice receipt. Contractors reques	sting accelerated payments must		
identify a PPD as follows: Payment issued within 10 days% days% PPD. If PPD percentages are left blank, identify re	% PPD; Payment issued w	vithin 15 days % PPD; Payment issued within 20 days	% PPD: Payment issued within 30		
payment (subsequent payments scheduled to support standa	ard EFT 45 day payment	cycle. See Prompt Pay Discounts Policy.)	5		
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or R municipalities of the Commonwealth, as appropriated in the Cha	REASON FOR AMENDME	ENT: This contract is to distribute a formula grant award to the	e Councils on Aging of the		
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 to be part of this agreement, are to be funded from the total amo	ncurred prior to the effective	we date of this agreement (for which payment obligations have	been triggered) and are intended		
maximum obligation of this contract. COAs are responsible for re	returning this executed cor	ntract by no later than June 30, 2021.			
ANTICIPATED START DATE: (Complete ONE option only) Ti	he Department and Contr	ractor certify for this Contract, or Contract Amendment, that C	ontract obligations:		
1. may be incurred as of the Effective Date (latest signature 2. may be incurred as of, 20, a date LATER than			~ Paris		
✓ 3. were incurred as of <u>JULY 1</u> , 20 20 , a date LATER than					
authorized to be made either as settlement payments or a	as authorized reimbursem	nent payments, and that the details and circumstances of all o	obligations under this Contract are		
	no make	eases the Commonwealth from further claims related to these			
CONTRACT END DATE: Contract performance shall termina amended, provided that the terms of this Contract and perform completing any negotiated terms and warranties, to allow any of	mance expectations and	obligations shall survive its termination for the nurpose of re	esolving any claim or dispute for		
CERTIFICATIONS: Notwithstanding verbal or other represent	ations by the parties, the	"Effective Date" of this Contract or Amendment shall be th	ne latest date that this Contract or		
Amendment has been executed by an authorized signatory of tapprovals. The Contractor certifies that they have accessed	the Contractor, the Depar	rtment, or a later Contract or Amendment Start Date specifie	ed above, subject to any required		
certifications required under the Standard Contract Form Instru-	ctions and Contractor Ce	ertifications under the pains and penalties of perjury, and furth	ner agrees to provide any required		
documentation upon request to support compliance, and ag incorporated by reference herein according to the following hie	grees that all terms gove	erning performance of this Contract and doing business in	n Massachusetts are attached or		
Standard Contract Form Instructions and Contractor Certification	ons, the Request for Resp	ponse (RFR) or other solicitation, the Contractor's Response	(excluding any language stricken		
by a Department as unacceptable, and additional negotiate Contractor's Response only if made using the process outlined	ed terms, provided that a	additional negotiated terms will take precedence over the re	elevant terms in the RFR and the		
costs, or a more cost effective Contract.	IN OUT CIVIN 2 1.07, III Co.	porated nerein, provided that any amended it is on its pone	e terms result in best value, lower		
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	1 /	AUTHORIZING SIGNATURE FOR THE COMMONWEAL	LTH:		
X: Jaml B. Joy . Date:	3/20/31	X: Now Comey Dat			
(Signature and Date Must Be Handwritten At Time	of Signature)	(Signature and Date Must Be Handwritten A			
Print Title: Janie G. Harres		Print Name:	<u> </u>		
Print Title: 10WA Account and		Print Title:			