This form is jointly issued and published by the Office of the Comptroller (CTR), the Executive Office for Administration and Finance (ANF), and the Operational Services

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

https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.	mass.gov/lists/osd-forms.		
CONTRACTOR LEGAL NAME: TOWN OF ADAMS (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 8 PARK ST ADAMS, MA 01220-2053		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: ERICA GIRGENTI	Phone: 413-743-8333	Billing Address (if different):		
E-Mail: egirgenti@town.adams.ma.us	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191691		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAADAMS00000000		
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-104	10C-1040L-57550	
X NEW CONTRACT		CONTRACT AMENDA	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	, 20 <u>.</u>	
Statewide Contract (OSD or an OSD-designated Departme	nt)	Enter Amendment Amount: \$ (or "no change")		
Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes all Grants - 815 CMR 2		AMENDMENT TYPE: (Check one option only. Attach de		
Notice or RFR, and Response or other procurement suppor		Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contract)		
Emergency Contract (Attach justification for emergency, so		Contract Employee (Attach any updates to scope or but		
Contract Employee (Attach Employment Status Form, scop of Other Procurement Exception (Attach authorizing language	e, budget) e legislation with	Other Procurement Exception (Attach authorizing lang		
specific exemption or earmark, and exception justification, so		scope and budget)	33Jan-111-11-11-11-11-11-11-11-11-11-11-11-1	
The Standard Contract Form Instructions and Contractor C into this Contract and are legally binding: (Check ONE optio Services Commonwealth IT Terms and Conditions				
COMPENSATION: (Check ONE option): The Department certifing the state accounting system by sufficient appropriations or other water Contract. (No Maximum Obligation) Attach details of a Maximum Obligation Contract. Enter total maximum obligation	ner non-appropriated fund all rates, units, calculation	ds, subject to intercept for Commonwealth owed debts under as, conditions or terms and any changes if rates or terms are	815 CMR 9.00. being amended.)	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason:✓ agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)				
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant funding. The performance period for this award is 7/1/20-6/30/21. The municipality certifies that the funds will be used for COA activities, and will complete a final fiscal report accounting for how these grant funds were applied. All approved obligations incurred prior to the effective date of this agreement (for which payment obligations have been triggered) and are intended to be part of this agreement, are to be funded from the total amount awarded under this agreement. This contract, once executed by both parties, will be treated as the sole invoice for the maximum obligation of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021.				
ANTICIPATED START DATE: (Complete ONE option only) Th			ontract obligations:	
1. may be incurred as of the Effective Date (latest signature 2. may be incurred as of, 20, a date LATER than			Date	
3. were incurred as of <u>JULY 1</u> , 20 20 , a date PRIOR to the authorized to be made either as settlement payments or as	e Effective Date below, a authorized reimburseme		red prior to the Effective Date are oligations under this Contract are	
CONTRACT END DATE: Contract performance shall terminate as of JUNE 30, 20 21, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.				
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all 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 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 are attached or incorporated by reference as electronically published and the Contractor Devote any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference as electronically published and the Contractor Provided to Provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference as electronically published and the Contractor Provided Contract Form, the Standard Contract Form,				
		and Contract	in	

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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 AQUINNAH (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:			
Legal Address: (W-9, W-4); 65 STATE RD AQUINNAH, MA 02535-1345		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108			
Contract Manager: JOYCE ALBERTINE	Phone: 508-693-2896	Billing Address (if different):			
E-Mall: upicoa@comcast.net	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419		
Confractor Vendor Code: VC6000191796		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368		
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAAQUINNAH00000			
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-104	40C-1040L-57550		
X NEW CONTRACT		CONTRACT AMENDA			
PROCUREMENT OR EXCEPTION TYPE: (Check one option	nt)	Enter Current Contract End Date <u>Prior</u> to Amendment: for "no change"; Enter Amendment Amount: \$ (or "no change"; AMENDMENT TYPE: (Check one option only. Attach de	, 20		
Department Procurement (includes all Grants - 815 CMR 2 Notice or RFR, and Response or other procurement suppor Emergency Contract (Atlach justification for emergency, sc	.00) (Solicitation ting documentation) ope, budget)	Amendment to Date, Scope or Budget (Atlach update Interim Contract (Atlach justification for Interim Contra	ed scope and budget) ct and updated scope/budget)		
Contract Employee (Attach Employment Status Form, scop ✓ Other Procurement Exception (Attach authorizing language specific exemption or earmark, and exception justification, so	e, legislation with ope and budget)	<ul> <li>Contract Employee (Atlach any updates to scope or but</li> <li>Other Procurement Exception (Atlach authorizing lang scope and budget)</li> </ul>	guage/justification and updated		
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 certifi in the state accounting system by sufficient appropriations or obtained. (No Maximum Obligation) Attach details of a Maximum Obligation Contract. Enter total maximum obligation	ner non-appropriated fun- all rates, units, calculation	ds, subject to intercept for Commonwealth owed debts under ns, conditions or terms and any changes if rales or terms are	815 CMR 9.00. being amended.)		
THE PROPERTY OF THE PROPERTY O	A STATE OF THE PARTY OF THE PAR	- A CONTRACTOR OF THE PROPERTY	THE RESERVE THE PROPERTY OF TH		
a PPD as follows: Payment issued within 10 days% PPD; I % PPD. If PPD percentages are left blank, identify reason: _	PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)				
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ANTICIPATED START DATE: (Complete ONE option only) Th	e Department and Contra	actor 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					
	authorized reimburseme	and the parties agree that payments for any obligations incur- ent payments, and that the details and circumstances of all ol ases the Commonwealth from further claims related to these	oligations under this Contract are		
provided that the terms of this Contract and performance expec	CONTRACT END DATE: Contract performance shall terminate as of <u>JUNE 30</u> , 20 <u>21</u> , with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.				
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form, the Standard Contract Form, the Standard Contract Form instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE CONTRACTOR:					
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:  X:		X: Recul greddle. Date: 7 7 2021  (Signature and Date Must Be Handwritten At Time of Signature)  Print Name: Recurs South			
Print Title: Town Administrator		Print Title: CFO, EOEAT			

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https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.	.mass.gov/lists/osd-forms.	1 V 48 20000 W		
CONTRACTOR LEGAL NAME: TOWN OF ASHFIELD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:			
Legal Address: (W-9, W-4): PO BOX 560 ASHFIELD, MA 01330-0560		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108			
Contract Manager: Amanda Joao	Phone: 413-625-2502	Billing Address (if different):			
E-Mail: sfsrctr@crocker.com	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419		
Contractor Vendor Code: VC6000191702		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368		
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAASHFIELD00000	11 200 200 120 2000		
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	MOC-10401 -57550		
_X_ NEW CONTRACT		CONTRACT AMEND			
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date <i>Prior</i> to Amendment:			
Statewide Contract (OSD or an OSD-designated Department	10.7 (S.N.	Enter Amendment Amount: \$ (or "no change			
Collective Purchase (Attach OSD approval, scope, budget		AMENDMENT TYPE: (Check one option only. Attach of	Particular and the second of t		
Department Procurement (includes all Grants - 815 CMR :	X 1999 X X	Amendment to Date, Scope or Budget (Attach upda	ted scope and budget)		
Notice or RFR, and Response or other procurement support Emergency Contract (Attach justification for emergency, so		Interim Contract (Attach justification for Interim Contr			
Contract Employee (Attach Employment Status Form, sco	oe, budget)	Contract Employee (Attach any updates to scope or l			
<ul> <li>Other Procurement Exception (Attach authorizing languag specific exemption or earmark, and exception justification, s</li> </ul>		Other Procurement Exception (Attach authorizing land scope and budget)	nguage/justification and updated		
The Standard Contract Form Instructions and Contractor C into this Contract and are legally binding: (Check ONE optic					
Services Commonwealth IT Terms and Conditions	inj commonwedian i	omis and contains <u>so</u> commonwealth roms and contain	710 T Of Flaman and Oodia		
COMPENSATION: (Check ONE option): The Department certification					
in the state accounting system by sufficient appropriations or of					
Rate Contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum obligation					
a PPD as follows: Payment issued within 10 days% PPD;% PPD. If PPD percentages are left blank, identify reason:	PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment				
(subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)					
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The performance period for this award is 7/1/20-6/30/21. The municipality certifies that the funds will be used for COA activities, and will complete a final fiscal report accounting for					
how these grant funds were applied. All approved obligations in					
to be part of this agreement, are to be funded from the total amo maximum obligation of this contract. COAs are responsible for re			e treated as the sole invoice for the		
ANTICIPATED START DATE: (Complete ONE option only) TI	The same of the sa	A CONTRACTOR OF THE PROPERTY O	Contract obligations:		
1. may be incurred as of the Effective Date (latest signature					
2. may be incurred as of, 20, a date LATER than		The state of the s			
✓ 3. were incurred as of <u>JULY 1</u> , 20 20 , a date PRIOR to to  authorized to be made gither as cattlement neumants as a  or all the statement and the statement are statement as a st		and the parties agree that payments for any obligations incuent payments, and that the details and circumstances of all			
		ent payments, and that the details and circumstances of all ourses the Commonwealth from further claims related to these			
CONTRACT END DATE: Contract performance shall terminate	The second control of the second				
provided that the terms of this Contract and performance expen	ctations and obligations s	hall 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 trans	sition performance, report	ing, invoicing or final payments, or during any lapse betwee	n amendments.		
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if					
made using the process outlined in 801 CMR 21.07, incorporat	ed herein, provided that a	ny amended RFR or Response terms result in best value, le	ower costs, or a more cost effective		
Contract.  AUTHORIZING SIGNATURE FOR THE CONTRACTOR:		AUTHORIZING SIGNATURE COMMONIALE	AT TU:		
X: 14002 . Date:	+/4/21.	AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X:			
Signatule and Date Must Be Handwritten At Time Print Name: Steven & Correction	or orginature)	(Signature and Date Must Be Handwritten At Time of Signature)			
Print Title: Select Broard Chair.		Print Title: Destate of Acounters			
and Contracting					

ANH

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https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www	.mass.gov/lists/osd-torms.		
CONTRACTOR LEGAL NAME: TOWN OF BARNSTABLE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 367 MAIN ST HYANNIS, MA 02601-3919		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: Donna-Marie Burns	Phone: 508-862-4759	Billing Address (if different):		
E-Mail: donna-marie.burns@town.barnstable.ma.us	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191710		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COABARNSTABLE000		
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-1	040C-1040L-57550	
_X NEW CONTRACT		CONTRACT AMEND	DMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date Prior to Amendment:	, 20,	
Statewide Contract (OSD or an OSD-designated Departme	ent)	Enter Amendment Amount: \$ (or "no change		
Collective Purchase (Attach OSD approval, scope, budget Department Procurement (includes all Grants - 815 CMR 2	000 (Solicitation	AMENDMENT TYPE: (Check one option only, Attach	Madding - and spiriting from Man Miles and the series	
Notice or RFR, and Response or other procurement suppo	rting documentation)	Amendment to Date, Scope or Budget (Attach upda Interim Contract (Attach justification for Interim Contr		
Emergency Contract (Attach justification for emergency, so Contract Employee (Attach Employment Status Form, sco		Contract Employee (Attach any updates to scope or		
✓ Other Procurement Exception (Attach authorizing languag		Other Procurement Exception (Attach authorizing la		
specific exemption or earmark, and exception justification, s		scope and budget)		
The Standard Contract Form Instructions and Contractor C into this Contract and are legally binding: (Check ONE optic Services Commonwealth IT Terms and Conditions	ertifications and the folion): Commonwealth T	erms and Conditions Commonwealth Terms and Conditions docume	nt are incorporated by reference ions For Human and Social	
COMPENSATION: (Check ONE option): The Department certif	ies that payments for aut	horized performance accepted in accordance with the term	s of this Contract will be supported	
in the state accounting system by sufficient appropriations or of Rate Contract. (No Maximum Obligation) Attach details of	her non-appropriated fun	ds, subject to intercept for Commonwealth owed debts und	er 815 CMR 9.00.	
✓ Maximum Obligation Contract. Enter total maximum oblig		9		
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pay	ments are issued through	h 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 1	5 days % PPD; Payment issued within 20 days % P	PD; Payment issued within 30 days	
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1. may be incurred as of the Effective Date (latest signature			STATEMENT OF COLUMN	
2. may be incurred as of, 20, a date LATER than				
✓ 3, were incurred as of <u>JULY 1</u> , 20 20 , a date PRIOR to the		and the parties agree that payments for any obligations inco ent payments, and that the details and circumstances of all		
		ases the Commonwealth from further claims related to thes		
CONTRACT END DATE: Contract performance shall terminate	as of <u>JUNE 30</u> , 20 21	with no new obligations being incurred after this date unles	s the Contract is properly amended,	
provided that the terms of this Contract and performance exper negotiated terms and warranties, to allow any close out or trans				
<u>CERTIFICATIONS</u> : Notwithstanding verbal or other represent Amendment has been executed by an authorized signatory of				
approvals. The Contractor certifies that they have accessed and	I reviewed all documents	incorporated by reference as electronically published and the	e Contractor makes all certifications	
required under the Standard Contract Form Instructions and Co upon request to support compliance, and agrees that all terms				
herein according to the following hierarchy of document preced	ence, the applicable Cor	mmonwealth Terms and Conditions, this Standard Contrac	Form, the Standard Contract Form	
Instructions and Contractor Certifications, the Request for Re unacceptable, and additional negotiated terms, provided that ac				
made using the process outlined in 801 CMR 21.07, incorporate	ed herein, provided that a	any amended RFR or Response terms result in best value,	lower costs, or a more cost effective	
Contract.	1	L A CONTRACTOR OF THE COMMONWE	A1 711	
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	1 - 1-	AUTHORIZING SIGNATURE FOR THE COMMONWE	4-29-21	
X:, Date:	of Signature	X: (Signature and Date Must Be Handwritten	ate:	
Print Name: MARK S.EUS	or orginature) t	Print Name: Took Connection	4.	
Print Title: TOWN WANAGER.		Print Title: VOR OF	Accounting	
	!	and Contract	in	
		and condition.		

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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 BECKET (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 557 MAIN ST		Business Mailing Address: 1 ASHBURTON PL BOST	ON, MA 02108	
BECKET, MA 01223-3252	Dhana, 442 622 9024	Dilling Address (if differently		
Contract Manager: WILLIAM CALDWELL	Phone: 413-623-8934	Billing Address (if different):	Dh 047 000 7440	
E-Mail: administrator@townofbecket.org	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191712		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.	45	MMARS Doc ID(s): FY21COABECKET0000000		
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	40C-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) Vother 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, so The Standard Contract Form Instructions and Contractor C into this Contract and are legally binding: (Check ONE option ServicesCommonwealth IT Terms and Conditions	ertifications and the fol	lowing Commonwealth Terms and Conditions documenterms and Conditions <a href="#">Commonwealth Terms</a> and Conditions	t are incorporated by reference ons For Human and Social	
COMPENSATION: (Check ONE option): The Department certif in the state accounting system by sufficient appropriations or ot Rate Contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum oblig	her non-appropriated fun- all rates, units, calculation	ds, subject to intercept for Commonwealth owed debts unde ns, conditions or terms and any changes if rates or terms are	r 815 CMR 9.00. being amended.)	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)  BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant funding. The performance period for this award is 7/1/20-6/30/21. The municipality certifies that the funds will be used for COA activities, and will complete a final fiscal report accounting for how these grant funds were applied. All approved obligations incurred prior to the effective date of this agreement (for which payment obligations have been triggered) and are intended to be part of this agreement, are to be funded from the total amount awarded under this agreement. This contract, once executed by both parties, will be treated as the sole invoice for the maximum obligation of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021.				
1. may be incurred as of the Effective Date (latest signature2. may be incurred as of, 20, a date LATER than3. were incurred as of JULY 1, 20 20, a date PRIOR to the state of	ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:			
authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.  CONTRACT END DATE: Contract performance shall terminate as of <u>JUNE 30</u> , 20 21, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.				
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract 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 requaprovals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certificate required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required document 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 refer 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, will take precedence over the relevant terms in the RFR and the Contractor's Response of Contract.  AUTHORIZING SIGNATURE FOR THE CONTRACTOR:  X:				



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ctors are required to access published forms at CTR Forms: https	://www.macomptroller.org		CONTRACTOR OF THE PROPERTY OF	
CONTRACTOR LEGAL NAME: TOWN OF BELMONT (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): PO BOX 56 BELMONT, MA 02478-0900		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: NAVA NIV-VOGEL	Phone: 617-993-2970	Billing Address (if different):		
E-Mail: nnivvogel@belmont-ma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191717		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COABELMONT000000	•	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	40C-1040L-57550	
X NEW CONTRACT		CONTRACT AMEND		
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date <u>Prior</u> to Amendment:		
Statewide Contract (OSD or an OSD-designated Department	• • •	Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scope, budget)	)	AMENDMENT TYPE: (Check one option only. Attach d		
Department Procurement (includes all Grants - 815 CMR 2	2.00) (Solicitation	Amendment to Date, Scope or Budget (Attach updat	ed scope and budget)	
Notice or RFR, and Response or other procurement suppo Emergency Contract (Attach justification for emergency, so		Interim Contract (Attach justification for Interim Contra		
Contract Employee (Attach Employment Status Form, scor		Contract Employee (Attach any updates to scope or b		
Other Procurement Exception (Atlach authorizing language specific exemption or earmark, and exception justification, so	e, legislation with	<ul> <li>Other Procurement Exception (Attach authorizing lan scope and budget)</li> </ul>	nguage/justification and updated	
The Standard Contract Form Instructions and Contractor C into this Contract and are legally binding: (Check ONE option Services Commonwealth IT Terms and Conditions				
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 obligation.  ✓ Maximum Obligation Contract.  ✓ Maximum Obligation Cont	ation for total duration of	this contract (or new total if Contract is being amended). \$ 6	53,696.00 <u>.</u>	
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 percentages are left blank, identify reason: agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)  BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the				
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ANTICIPATED START DATE: (Complete ONE option only) 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				
, 20, a date LATER than				
3. were incurred as of <u>JULY 1, 20_20</u> , a date <u>PRIOR</u> to the authorized to be made either as settlement payments or as attached and incorporated into this Contract. Acceptance	s authorized reimburseme	and the parties agree that payments for any obligations incur ent payments, and that the details and circumstances of all o ases the Commonwealth from further claims related to these	bligations under this Contract are	
CONTRACT END DATE: Contract performance shall terminate as ofUNE 30_, 20 21, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.				
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
X:			te: 4292/	
Print Title: Town Administrator.		Print Title: DI COVID	activy y	

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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 BLANDFORD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 102 MAIN ST BLANDFORD, MA 01008-9800		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: MARGIT MIKUSKI	Phone: 413-848-4279	Billing Address (if different):		
E-Mail: mmikuski@townofblandford.com	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191725		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COABLANDFORD0000		
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	40C-1040L-57550	
X NEW CONTRACT		CONTRACT AMEND		
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date Prior to Amendment:		
Statewide Contract (OSD or an OSD-designated Department	nt)	Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scope, budget)		AMENDMENT TYPE: (Check one option only. Attach de		
Department Procurement (includes all Grants - 815 CMR 2 Notice or RFR, and Response or other procurement suppo		Amendment to Date, Scope or Budget (Attach update		
Emergency Contract (Attach justification for emergency, so	ope, budget)	Interim Contract (Attach justification for Interim Contra Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status Form, scopy Other Procurement Exception (Attach authorizing language)		Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justification, so		scope and budget)	guage/justilication and appated	
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 certifing the state accounting system by sufficient appropriations or otRate Contract. (No Maximum Obligation) Attach details of	her non-appropriated fund	ds, subject to intercept for Commonwealth owed debts under	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 of BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or Remaining littles of the Commonwealth as apparation of the Commonwealth as a paration of the Commonweal	Payment issued within 15  agree to standard 45 day payment cycle. See F EASON FOR AMENDME	5 days % PPD; Payment issued within 20 days % PP day 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	D; Payment issued within 30 days 29, § 23A); only initial payment councils on Aging of the	
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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			. Data	
✓ 3. were incurred as of JULY 1, 20 20 , a date PRIOR to the				
authorized to be made either as settlement payments or as	s authorized reimburseme	ent payments, and that the details and circumstances of all o ases the Commonwealth from further claims related to these	bligations under this Contract are	
CONTRACT END DATE: Contract performance shall terminate provided that the terms of this Contract and performance expect negotiated terms and warranties, to allow any close out or trans	tations and obligations sl	hall survive its termination for the purpose of resolving any c	laim 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 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 under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  X:				
		orne con	1 moins	

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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 BOLTON		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS		
(and d/b/a):		MMARS Department Code;	TON MA 02100	
Legal Address: (W-9, W-4): PO BOX 127 BOLTON, MA 01740-0127		Business Mailing Address: 1 ASHBURTON PL BOST	Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: LISA D'EON	Phone: 978-779-3313	Billing Address (if different):		
E-Mail: coa@townofbolton.com	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191726		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COABOLTON0000000	The same of the sa	
Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	)40C-1040L-57550	
_X_ NEW CONTRACT		CONTRACT AMEND		
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date Prior to Amendment:		
Statewide Contract (OSD or an OSD-designated Department	1, 20	Enter Amendment Amount: \$ (or "no change"	")	
Collective Purchase (Attach OSD approval, scope, budget)		AMENDMENT TYPE: (Check one option only. Attach d		
Department Procurement (includes all Grants - 815 CMR 2 Notice or RFR, and Response or other procurement support		Amendment to Date, Scope or Budget (Attach update		
Emergency Contract (Attach justification for emergency, so	cope, budget)	Interim Contract (Attach justification for Interim Contract Contract Employee (Attach any updates to scope or be		
<ul> <li>Contract Employee (Attach Employment Status Form, scop</li> <li>Other Procurement Exception (Attach authorizing language)</li> </ul>		Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception justification, so		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	n):Commonwealth T	erms and Conditions V Commonwealth Terms and Condition	ons 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 ot	her non-appropriated fun	ds, subject to intercept for Commonwealth owed debts under	er 815 CMR 9.00.	
Rate Contract. (No Maximum Obligation) Attach details of  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:	✓ 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 c	- Bridgister of the Land State			
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or R				
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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			e treated as the sole invoice for the	
ANTICIPATED START DATE: (Complete ONE option only) The	The state of the s		Contract obligations:	
1. may be incurred as of the Effective Date (latest signature				
2. may be incurred as of, 20, a date LATER than		and the state of t		
3. were incurred as of <u>JULY 1</u> , 20 20 , a date PRIOR to the authorized to be made either as settlement payments or as		ent payments, and that the details and circumstances of all of		
attached and incorporated into this Contract. Acceptance	of payments forever rele	ases the Commonwealth from further claims related to these	obligations.	
CONTRACT END DATE: Contract performance shall terminate				
provided that the terms of this Contract and performance expended terms and warranties, to allow any close out or trans				
CERTIFICATIONS: Notwithstanding verbal or other represent				
Amendment has been executed by an authorized signatory of				
approvals. The Contractor certifies that they have accessed and				
required under the Standard Contract Form Instructions and Co upon request to support compliance, and agrees that all terms				
herein according to the following hierarchy of document precede	dence, the applicable Cor	mmonwealth Terms and Conditions, this Standard Contract	Form, the Standard Contract Form	
Instructions and Contractor Certifications, the Request for Re unacceptable, and additional negotiated terms, provided that acceptable				
made using the process outlined in 801 CMR 21.07, incorporate				
Contract.	44.0			
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:		AUTHORIZING SIGNATURE FOR THE COMMONWE	ALTH:	
X: Dutil 4 Jow . Date: C (Signature and Date Musy Be Handwritten At Time	16-01- A		ate: 6-05-2	
	or Signature)	(Signature and Date Must Be Handwritten	At Time of Signature)	
Print Name: DONALO A. LOWE.  Print Title: TOWN ADMINISTRATOR		Frint Name.	Figuration	
THE THE TOWN ADMINISTRATION		Print Title:	Contractine	
		and	Contraction	

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www.mass.gov/lists/osd-forms.				
CONTRACTOR LEGAL NAME: TOWN OF CARVER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 108 MAIN ST		Business Mailing Address: 1 ASHBURTON PL BOST	ON, MA 02108	
CARVER, MA 02330-2025				
Contract Manager: Connie Kelly	Phone: 508-866-4698	Billing Address (if different):		
E-Mail: ckelly@sailsinc.org	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191744		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COACARVER0000000		
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-104	40C-1040L-57550	
X NEW CONTRACT		CONTRACT AMEND		
PROCUREMENT OR EXCEPTION TYPE: (Check one option		Enter Current Contract End Date <u>Prior</u> to Amendment:		
Statewide Contract (OSD or an OSD-designated Departme Collective Purchase (Attach OSD approval, scope, budget)	nt)	Enter Amendment Amount: \$ (or "no change" AMENDMENT TYPE: (Check one option only. Attach de	No. 2004. The Control of the Control	
	.00) (Solicitation	Amendment to Date, Scope or Budget (Attach update	- ,	
Notice or RFR, and Response or other procurement suppor		Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for emergency, so Contract Employee (Attach Employment Status Form, scop		Contract Employee (Attach any updates to scope or be		
Other Procurement Exception (Attach authorizing language specific exemption or earmark, and exception justification, so	e, legislation with	<ul> <li>Other Procurement Exception (Attach authorizing lanscope and budget)</li> </ul>	guage/justification and updated	
The Standard Contract Form Instructions and Contractor Co			are incorporated by reference	
into this Contract and are legally binding: (Check ONE optio Services Commonwealth IT Terms and Conditions				
COMPENSATION: (Check ONE option): The Department certifing in the state accounting system by sufficient appropriations or other controls.	ner non-appropriated fund	ds, subject to intercept for Commonwealth owed debts under	815 CMR 9.00.	
Rate Contract. (No Maximum Obligation) Attach details of a Maximum Obligation Contract. Enter total maximum obligation			10	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason:✓_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)  BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant funding. The performance period for this award is 7/1/20-6/30/21. The municipality certifies that the funds will be used for COA activities, and will complete a final fiscal report accounting for how these grant funds were applied. All approved obligations incurred prior to the effective date of this agreement (for which payment obligations have been triggered) and are intended to be part of this agreement, are to be funded from the total amount awarded under this agreement. This contract, once executed by both parties, will be treated as the sole invoice for the				
maximum obligation of this contract. COAs are responsible for re				
ANTICIPATED START DATE: (Complete ONE option only) Th 1. may be incurred as of the Effective Date (latest signature of	AND THE STATE OF THE PARTY OF T	enteres of the first of the fir	ontract obligations;	
2. may be incurred as of, 20, a date LATER than			Date.	
	authorized reimburseme	and the parties agree that payments for any obligations incurnent payments, and that the details and circumstances of all olese the Commonwealth from further claims related to these	oligations under this Contract are	
CONTRACT END DATE: Contract performance shall terminate as of _JUNE 30_, 20_21, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.				
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all 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 documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference as electronically published and the Contract or required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference as electronically published and the Contract Form, the Standard Contract Form has a transfer or required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference as electronically published and the Contract Form, the Contract Form, the Standard Contract Form has a transfer or required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference as electronically published and the Contractor and the Contract Form has a transfer or required documentation. The Standard Contract Form has a transfer or required house and period or recorded to the Contract Form has a transfer or representation and contract Form has a transfer or r				



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CONTRACTOR LEGAL NAME: TOWN OF CHESTER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 15 MIDDLEFIELD RD CHESTER, MA 01011-9805		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: PEGGY GRAVELINE	Phone: 413-354-7735	Billing Address (if different):		
E-Mail: chester.ma.coa@gmail.com	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191750		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COACHESTER000000		
(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 Prior to Amendment:		
Statewide Contract (OSD or an OSD-designated Departm		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scope, budge	t)	AMENDMENT TYPE: (Check one option only. Attach d	etails 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 update)		
Emergency Contract (Attach justification for emergency, s		Interim Contract (Attach justification for Interim Contra		
Contract Employee (Altach Employment Status Form, sco)		Contract Employee (Attach any updates to scope or b Other Procurement Exception (Attach authorizing lar		
Other Procurement Exception (Attach authorizing language specific exemption or earmark, and exception justification,	scope and budget)	scope and budget)		
The Standard Contract Form Instructions and Contractor C into this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions				
COMPENSATION: (Check ONE option): The Department cert				
in the state accounting systemby sufficient appropriations or o				
Rate Contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum oblig				
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pa				
identify a PPD as follows: Payment issued within 10 days%				
days% PPD. If PPD percentages are left blank, identify reason: <a href="mailto:daysundergraph">_</a> agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial				
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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	eturning this executed cor	ntract by no later than June 30, 2021.		
ANTICIPATED START DATE: (Complete ONE option only) T	The state of the s		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	pations have been incurred <u>prior</u> to the Effective Date.	Data	
✓ 3. were incurred as of <u>JULY1</u> , 20 <u>20</u> , a date <u>LATER</u> that				
		ent payments, and that the details and circumstances of all o		
attached and incorporated into this Contract. Acceptance	of payments forever rele	ases the Commonwealth from further claims related to these	obligations.	
CONTRACT END DATE: Contract performance shall termin				
amended, provided that the terms of this Contract and perfore completing any negotiated terms and warranties, to allow any of	nance expectations and close out or transition per	obligations snall survive its termination for the purpose of r formance, reporting, invoicing or final payments, or during	any lapse between amendments.	
CERTIFICATIONS: Notwithstanding verbal or other represent				
Amendment has been executed by an authorized signatory of	the Contractor, the Depa	rtment, or a later Contract or Amendment Start Date specifie	ed above, subject to any required	
approvals. The Contractor certifies that they have accessed				
certifications required under the Standard Contract FormInstructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or				
incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the				
Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken				
by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.				
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	, , , , , , , , , , , , , , , , , , ,	AUTHORIZING SIGNATURE FOR THE COMMONWEA	LTH:	
X: Day & Cuntor, Date:	2/23/21	v. Team long or er	10. 4-1-21	
(Signature and Date Must Be Handwritten At Time	of Signature)	(Signature and Date Must Be Handwritten	At Time of Signature)	
Print Name: Barbaral Huntoon		Print Name: REGGY CONNEX/Y	- 1.100	
Print Title: Schent Board Chave.		Print Title:	terountry	
	(Updated 6/30	1/20) Page 1 of 1 and Contr	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 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.n	rass.gov/lists/osd-forms.		
CONTRACTOR LEGAL NAME: TOWN OF DARTMOUTH (and dfb/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 400 SLOCUM RD DARTMOUTH, MA 02747-3234		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: AMY DIPIETRO	Phone: 508-999-4717	Billing Address (if different):		
E-Mail: adipietro@town.dartmouth.ma.us	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191765		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COADARTMOUTH0000		
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-	1040C-1040L-57550	
X NEW CONTRACT  PROCUREMENT OR EXCEPTION TYPE: (Check one option only)  Statewide Contract (OSD or an OSD-designated Department)  Collective Purchase (Attach OSD approval, scope, budget)  Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation)  Emergency Contract (Attach justification for emergency, scope, budget)  Contract Employee (Attach Employment Status Form, scope, budget)  Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)  The Standard Contract Form Instructions and Contractor Certifications and the foliotothis Contract and are legally binding: (Check ONE option):Commonwealth Technical Contract and are legally binding: (Check ONE option):Commonwealth Technical Contract and are legally binding: (Check ONE option):Commonwealth Technical Contract C		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)  billowing Commonwealth Terms and Conditions document are incorporated by reference		
COMPENSATION: (Check CNE option): The Department cer in the state accounting system by sufficient appropriators or a Rate Contract. (No Maximum Obligation). Attach details ow Maximum Obligation Contract. Enter total maximum obligation PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pridentify a PPD as follows: Payment issued within 10 days days PPD. If PPD percentages are left blank, identify payment (subsequent payments scheduled to support stand BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or municipalities of the Commonwealth, as appropriated in the CI The performance period for this award is 7/1/20-6/30/21. The how these grant funds were applied. All approved obligations to be part of this agreement, are to be funded from the total an anaximum obligation of this contract. COAs are associable for	other non-appropriated fun- fall rates, units, calculation gation for total duration of ayments are issued thron % PPD; Payment issued we eason:agree to star ard EFT 45 day payment. REASON FOR AMENDMI required by the Acts of 20 municipality certifies that the incurred prior to the effection mount awarded under this a	ds, subject to intercept for Commonweath owed debts units, conditions or terms and any changes if rates or terms in this contract (or new total if Contract is being amended). Buysh EFT 45 days from invoice receipt. Contractors requirithin 15 days % PPD; Payment issued within 20 days indard 45 day cycle statutory/legal or Ready Payment cycle. See Prompt Pay Discounts Policy.)  ENT: This contract is to distribute a formula grant award to 200. The award amount is determined by a census-besed are funds will be used for COA activities, and will complete we date of this agreement (for which payment obligations his greement. This contract, once executed by both parties, will greement. This contract, once executed by both parties, will	der 815 CMR 9.00. are being amended.) \$ 39,676.00.  Justing accelerated payments must	
maximum obligation of this contract. CCAs are responsible for returning this executed contract by no later than June 30, 2021.  ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:  _ 1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date.  _ 2. may be incurred as of, 20, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date.  ✓ 3. were incurred as of, 20, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursoment payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.  CONTRACT END DATE: Contract performance shall terminate as ofUNE 30, 20_21_, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.				
CERTIFICATIONS: Notwithstanding verbal or other represe Amendment has been executed by an authorized signatory of approvals. The Contractor certifies that they have access certifications required under the Standard Contract FormInst documentation upon request to support compliance, and incorporated by reference herein according to the following his Standard Contract FormInstructions and Contractor Certification and Department as unacceptable, and additional negotiations of a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE CONTRACTOR:  X: Date:  (Signature and Date Must Be Handwritten At Tim Print Name:	f he Contractor, the Depa ed and reviewed all doc ructions and Contractor C agrees that all terms gov ierarchy of document prec tions, the Request for Res ded terms, provided that adin 301 CMR 21.07, inco	artment, or a later Contract or Amendment Start Date sper uments incorporated by reference as electronically put effications under the pairs and penalties of perjury, and terning performance of this Contract and doing busine edence, the applicable Commonweath Terms and Condit sponse (RFR) or other solicitation, the Contractor's Respon additional negotiated terms will take precedence over the	cified above, subject to any required plished and the Contractor makes all urther agrees to provide any required so in Massachusetts are attached or ions, this Standard Contract Form, the nise (excluding any language stricken he relevant terms in the RFR and the ionse terms result in best value, lower IEALTH:	

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		mass.gov/lists/osd-forms.			
CONTRACTOR LEGAL NAME: TOWN OF DOVER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:			
Legal Address: (W-9, W-4): 5 SPRINGDALE AVE DOVER, MA 02030-2350		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108			
Contract Manager: JANET CLAYPOOL	Phone: 508-315-5734	Billing Address (if different):			
E-Mail: coa@doverma.org	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419		
Contractor Vendor Code: VC6000191771		E-Mail: STACEY,OCONNELL@MASS.GOV	Fax: 617-727-9368		
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COADOVER0000000			
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-	1040 C-1040L-57550		
X NEW CONTRACT  PROCUREMENT OR EXCEPTION TYPE: (Check one option only)  Statewide Contract (OSD or an OSD-designated Department)  Collective Purchase (Attach OSD approval, scope, budget)  Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation)  Emergency Contract (Attach justification for emergency, scope, budget)  Contract Employee (Attach Employment Status Form, scope, budget)  Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)  The Standard Contract Form Instructions and Contractor Certifications and the for into this Contract and are legally binding: (Check ONE option):Commonwealth		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/jus !tication and updated scope and budget)  Blowing Commonwealth Terms and Conditions document are incorporated by reference			
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended). \$ 13,752.00.  PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason:					
payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)  BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant funding. The performance period for this award is 7/1/20-6/30/21. The municipality certifies that the funds will be used for COA activities, and will complete a final fiscal report accounting for how these grant funds were applied. All approved obligations incurred prior to the effective date of this agreement (for which payment obligations have been triggered) and are intended to be part of this agreement, are to be funded from the total amount awarded under this agreement. This contract, once executed by both parties, will be treated as the sole invoice for the maximum obligation of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021.					
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract of Igations:					
1. may be incurred as of the Effective Date (latest signature			ve Date		
3. were incurred as of <u>JULY 1</u> , 20 <u>20</u> , a date PRIOR to t authorized to be made either as settlement payments or a	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.  ✓				
CONTRACT END DATE: Contract performance shall terminate as ofJUNE 30_, 20_21, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.					
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massach usetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X:  Signature and Date Must Be Handwritten At Time of Signature)  Print Name:  CHECIST OF HER DWELLEY  Print Name:  Print Name:  Print Name:					

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

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https://www.macompiroller.org/lorns. Forms are also posted at	OOD FOITIS. Https://www.	nidas.gov/iisia/osu-iornis.	
CONTRACTOR LEGAL NAME: TOWN OF DUDLEY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 71 W MAIN ST DUDLEY, MA 01571-3264		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: MARGARET BUSSIERE			
E-Mail: Administrator@dudleyma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191773		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COADUDLEY0000000	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	40C-1040L-57550
X NEW CONTRACT		CONTRACT AMEND	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20	
Statewide Contract (OSD or an OSD-designated Departm	ent)	Enter Amendment Amount: \$ (or "no change")	
Collective Purchase (Attach OSD approval, scope, budge Department Procurement (includes all Grants - 815 CMR	()	AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)	
Notice or RFR, and Response or other procurement support		Amendment to Date, Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget)	
Emergency Contract (Attach justification for emergency, s		Contract Employee (Attach any updates to scope or b	
Contract Employee (Attach Employment Status Form, scopy Other Procurement Exception (Attach authorizing language)		Other Procurement Exception (Attach authorizing lar	1000 March 200 - 1
specific exemption or earmark, and exception justification, s		scope and budget)	100 W 100
The Standard Contract Form Instructions and Contractor ( into this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions	Certifications and the foon): Commonwealth 1	Illowing Commonwealth Terms and Conditions documer Ferms and Conditions <u>✓</u> Commonwealth Terms and Condition	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 c Rate Contract. (No Maximum Obligation) Attach details of	ther non-appropriated fun	ids, subject to intercept for Commonwealth owed debts under	er 815 CMR 9.00.
✓ Maximum Obligation Contract. Enter total maximum oblig			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pa		25 22 23 23 23 23 23 23 23 23 23 23 23 23	
identify a PPD as follows: Payment issued within 10 days9	PPD; Payment issued w	ithin 15 days % PPD; Payment issued within 20 days	% PPD; Payment issued within 30
days% PPD. If PPD percentages are left blank, identify reason: 🗹 agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial			
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The performance period for this award is 7/1/20-6/30/21. The n how these grant funds were applied. All approved obligations in			
to be part of this agreement, are to be funded from the total am	ount awarded under this a	greement. This contract, once executed by both parties, will b	e treated as the sole invoice for the
maximum obligation of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021.  ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:			
1. may be incurred as of the Effective Date (latest signature		는 이번에 있는 사용에 있는 사용에 있는데 이번에 가장 되었다면 보고 있다면 되었다. 그런 사용에 있는데 보고 있는데 사용에 있는데 사용에 되었다면 되었다면 되었다. 그런데 사용에 있는데 없는데 사용이 있다면 사용이 되었다.	Somi aci obligations.
nay be incurred as of, 20, a date LATER than	the Effective Date below	v and no obligations have been incurred <u>prior</u> to the Effective	e Date.
✓ 3. were incurred as of JULY 1, 20 20 , a date PRIOR to t	ne Effective Date below,	and the parties agree that payments for any obligations incu	rred prior to the Effective Date are
authorized to be made either as settlement payments or a	as authorized reimbursem	ent payments, and that the details and circumstances of all o eases the Commonwealth from further claims related to these	obligations under this Contract are
CONTRACT END DATE: Contract performance shall termin	0.1920		
amended, provided that the terms of this Contract and perform			
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			
Amendment has been executed by an authorized signatory of			
approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required			
documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or			
incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, he Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken			
by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower			
Contractor's Response only it made using the process outlined costs, or a more cost effective Contract.	In 801 CMR 21.07, incor	rporated herein, provided that any amended RFR or Respon	se terms result in best value, lower
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:		AUTHORIZING SIGNATURE FOR THE COMMONWEA	LTH:
Date:	3/27/1	x: T-early lonney. Da	11 1-71
Signature and Date Must Be Handwritten At Time	of Signature)	(Signature and Date Must Be Handwritten	
Print Name: Kongarmon Rusia.		Print Name: Vivolar of A	- crounting an
Print Title: Print Title: Contraction			_ Contraction
•	(Updated 6/30	0/20) Page 1 of 1	7

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.macs.gov/lists/osd-forms.

nttps://www.macomptroller.org/forms. Forms are also posted at	JSD Forms: https://www.	inass,goviisis/osu-iornis,		
CONTRACTOR LEGAL NAME: TOWN OF EAST BROOKFIELD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 122 CONNIE MACK DR E BROOKFIELD, MA 01515-1802		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: Donna Couture	Phone: 508-867-6769	Billing Address (if different):		
E-Mail: accounatant@eastbrookfieldma.us	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191777		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAEBROOKFIELD00		
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-104	40C-1040L-57550	
X NEW CONTRACT		CONTRACT AMENDMENT		
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20		
Statewide Contract (OSD or an OSD-designated Departme	nt)	Enter Amendment Amount: \$ (or "no change")		
Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes all Grants - 815 CMR 2	00) (Solicitation	AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)		
Notice or RFR, and Response or other procurement support	ting documentation)	Amendment to Date, Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget)		
Emergency Contract (Attach justification for emergency, so Contract Employee (Attach Employment Status Form, scop		_ Contract Employee (Attach any updates to scope or be		
✓ Other Procurement Exception (Attach authorizing language		Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justification, so	ope and budget)	scope and budget)	*	
The Standard Contract Form Instructions and Contractor C into this Contract and are legally binding: (Check ONE optio Services Commonwealth IT Terms and Conditions				
COMPENSATION: (Check ONE option): The Department certifing the state accounting system by sufficient appropriations or of				
Rate Contract. (No Maximum Obligation) Attach details of				
✓ Maximum Obligation Contract. Enter total maximum obligation	ation for total duration of	this contract (or <i>new</i> total if Contract is being amended). \$ _6	,000.00.	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pay a PPD as follows: Payment issued within 10 days% PPD; I% PPD. If PPD percentages are left blank, identify reason: (subsequent payments scheduled to support standard EFT 45 or	Payment issued within 15  agree to standard 45	5 days % PPD; Payment issued within 20 days % PP day cycle statutory/legal or Ready Payments (M.G.L. c.	D; Payment issued within 30 days	
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or R	Difficulty and the second		Councils on Aging of the	
municipalities of the Commonwealth, as appropriated in the Chap	oter 227 of the Acts of 203	20. The award amount is determined by a census-based alloc	ation of available grant funding.	
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	unt awarded under this ag	greement. This contract, once executed by both parties, will be		
maximum obligation of this contract. COAs are responsible for re ANTICIPATED START DATE: (Complete ONE option only) Th	the second secon		antenat abligations:	
1. may be incurred as of the Effective Date (latest signature	7.1		ontract obligations.	
2. may be incurred as of, 20, a date LATER than			Date.	
✓ 3. were incurred as of JULY 1, 20 20 , a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date a authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract a attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.			bligations under this Contract are	
CONTRACT END DATE: Contract performance shall terminate provided that the terms of this Contract and performance expect negotiated terms and warranties, to allow any close out or trans	tations and obligations sl	hall survive its termination for the purpose of resolving any cl	aim or dispute, for completing any	
CERTIFICATIONS: Notwithstanding verbal or other represent Amendment has been executed by an authorized signatory of approvals. The Contractor certifies that they have accessed and required under the Standard Contract Form Instructions and Coupon request to support compliance, and agrees that all terms of herein according to the following hierarchy of document preceding tructions and Contractor Certifications, the Request for Resunacceptable, and additional negotiated terms, provided that admade using the process outlined in 801 CMR 21.07. incorporate	the Contractor, the Depa reviewed all documents itractor Certifications und governing performance of ence, the applicable Cor sponse (RFR) or other se ditional negotiated terms	artment, or a later Contract or Amendment Start Date specificorporated by reference as electronically published and the der the pains and penalties of perjury, and further agrees to pif this Contract and doing business in Massachusetts are attainmonwealth Terms and Conditions, this Standard Contract Response (excluding any language).	ed above, subject to any required Contractor makes all certifications rovide any required documentation ched or incorporated by reference Form, the Standard Contract Form age stricken by a Department as the Contractor's Response only if	

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.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 EAST LONGMEADOW (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 60 CENTER SQ		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
E LONGMEADOW, MA 01028-2457			
Contract Manager: Mary Beth Dowd	Phone: 413-525-5436	Billing Address (if different):	
E-Mail: marybeth.dowd@eastlongmeadowma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191778		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAELONGMEADOW00	
(Note: The Address ID must be set up for EFT payments.)	40	RFR/Procurement or Other ID Number: BD-21-1040-104	40C-1040L-57550
X NEW CONTRACT		CONTRACT AMENDMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check one option		Enter Current Contract End Date <u>Prior</u> to Amendment:, 20	
Statewide Contract (OSD or an OSD-designated Departme Collective Purchase (Attach OSD approval, scope, budget)		Enter Amendment Amount: \$ (or "no change")  AMENDMENT TYPE: (Check one option only Attach details of amondment changes )	
Department Procurement (includes all Grants - 815 CMR 2		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 suppo		Interim Contract (Attach justification for Interim Contra	
Emergency Contract (Attach justification for emergency, so Contract Employee (Attach Employment Status Form, scop		Contract Employee (Attach any updates to scope or be	
✓ Other Procurement Exception (Attach authorizing languag)	e, legislation with	Other Procurement Exception (Attach authorizing land	guage/justification and updated
specific exemption or earmark, and exception justification, so		scope and budget)	and to a sure a material law and a manager
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 certif			
in the state accounting system by sufficient appropriations or ot Rate Contract. (No Maximum Obligation) Attach details of			
✓ Maximum Obligation Contract. Enter total maximum oblig			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pay			
a PPD as follows: Payment issued within 10 days% PPD; Pa	ayment issued within 15 d	lays % PPD; Payment issued within 20 days % PPD; PPD; PPD; PPD; PPD; PPD; PPD; PP	ayment issued within 30 days%
PPD. If PPD percentages are left blank, identify reason:			9, § 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 Cha	pter 227 of the Acts of 202	<ol><li>The award amount is determined by a census-based alloc</li></ol>	ation of available grant funding.
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 amo	unt awarded under this ag	greement. This contract, once executed by both parties, will be	
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) The1. may be incurred as of the Effective Date (latest signature	West and the state of the state		ontract obligations:
			Date.
✓ 3. were incurred as of JULY 1, 20 20 , a date PRIOR to the			
		ent payments, and that the details and circumstances of all of	
		ases the Commonwealth from further claims related to these	
	CONTRACT END DATE: Contract performance shall terminate as of <u>JUNE 30</u> , 20 21, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any		
negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or			
Amendment has been executed by an authorized signatory of			
approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation			
upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference			
herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as			
unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only i			
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: / AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:			LTH:
1 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		x: Leam Conney Date: 5-12-21	
X:		(Signature and Date Must Be Handwritten A	
Print Name: Mary E. Mc Wally		Print Name: Legy Connerly.	
Print Title: Town Manager. Print Title: Print Title:			gouning
· ·		and Contrac	Ting -

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https://www.macomptroller.org/forms. Forms are also posted at	JSD Forms: https://www.	.mass.gov/lists/osd-torms.		
CONTRACTOR LEGAL NAME: CITY OF EVERETT (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 484 BROADWAY EVERETT, MA 02149-3694		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: DALE PALMA	Phone: 617-394-2323	Billing Address (if different):		
E-Mail: dale.palma@ci.everett.ma.us	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192088		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAEVERETT000000		
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-104	40C-1040L-57550	
X NEW CONTRACT			CONTRACT AMENDMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20		
Statewide Contract (OSD or an OSD-designated Departme		Enter Amendment Amount: \$ (or "no change")		
Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes all Grants - 815 CMR 2		AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)		
Notice or RFR, and Response or other procurement suppor		Amendment to Date, Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget)		
Emergency Contract (Attach justification for emergency, so	- bd()	Contract Employee (Attach any updates to scope or bi		
<ul> <li>Contract Employee (Attach Employment Status Form, scop</li> <li>Other Procurement Exception (Attach authorizing language</li> </ul>	e, budget) a. legislation with	Other Procurement Exception (Attach authorizing language)		
specific exemption or earmark, and exception justification, so	ope and budget)	scope and budget)		
The Standard Contract Form Instructions and Contractor C into this Contract and are legally binding: (Check ONE optio Services Commonwealth IT Terms and Conditions	ertifications and the fol n): Commonwealth To	lowing Commonwealth Terms and Conditions document erms and Conditions <u>Commonwealth Terms</u> and Condition	are incorporated by reference ns For Human and Social	
COMPENSATION: (Check ONE option): The Department certifing the state accounting system by sufficient appropriations or off Rate Contract. (No Maximum Obligation) Attach details of a	ner non-appropriated fund	ds, subject to intercept for Commonwealth owed debts under	815 CMR 9.00.	
✓ Maximum Obligation Contract. Enter total maximum obligation	(5) (7)		177	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must ident 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 da% PPD. If PPD percentages are left blank, identify reason:/_agree to standard 45 day cyclestatutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)  BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant funding. The performance period for this award is 7/1/20-6/30/21. The municipality certifies that the funds will be used for COA activities, and will complete a final fiscal report accounting for how these grant funds were applied. All approved obligations incurred prior to the effective date of this agreement (for which payment obligations have been triggered) and are intended to be part of this agreement, are to be funded from the total amount awarded under this agreement. This contract, once executed by both parties, will be treated as the sole invoice for the maximum obligation of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021.			D; Payment issued within 30 days 29, § 23A); only initial payment councils on Aging of the ation of available grant funding and fiscal report accounting for been triggered) and are intended	
ANTICIPATED START DATE: (Complete ONE option only) Th	선물 경영선 및 기계하고 기상 교육을 위해 없는 교육 사용하는 현재	가지 않아 X 전 시장 X 2 10 10 10 10 10 10 10 10 10 10 10 10 10	ontract obligations:	
1. may be incurred as of the Effective Date (latest signature				
2. may be incurred as of, 20, a date LATER than the Effective Date below a				
3. were incurred as of <u>JULY 1</u> , 20 20 , a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date a authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract a attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.			bligations under this Contract are	
CONTRACT END DATE: Contract performance shall terminate provided that the terms of this Contract and performance expect negotiated terms and warranties, to allow any close out or trans	tations and obligations sh	hall survive its termination for the purpose of resolving any cl	aim 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 require 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 referen herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract For 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 onl 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.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X:    Date:			ed above, subject to any required Contractor makes all certifications rovide any required documentation ched or incorporated by reference form, the Standard Contract Form age stricken by a Department as the Contractor's Response only if wer costs, or a more cost effective	
Print Title: May a		Print Title:	Higunting	

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

nttps://www.macomptroller.org/forms. Forms are also posted at	OSD FUITIS. Https://www.	iliass,govilisis/osu-iorilis.	
CONTRACTOR LEGAL NAME: CITY OF FALL RIVER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 1 GOVERNMENT CTR FALL RIVER, MA 02722-7700		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: TESS CURRAN	Phone: 508-324-2402	402 Billing Address (if different):	
E-Mail: tcurran@fallriverma.org	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000192090		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAFALLRIVER0000	Asserted Systematics asserted:
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	40C-10401 -57550
_X_ NEW CONTRACT		CONTRACT AMEND	
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20	
Statewide Contract (OSD or an OSD-designated Departme	**	Enter Amendment Amount: \$ (or "no change")	
Collective Purchase (Attach OSD approval, scope, budget)		AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)	
Department Procurement (includes all Grants - 815 CMR 2 Notice or RFR, and Response or other procurement suppo		Amendment to Date, Scope or Budget (Attach updat	
Emergency Contract (Attach justification for emergency, so		Interim Contract (Attach justification for Interim Contra	
Contract Employee (Attach Employment Status Form, score		Contract Employee (Attach any updates to scope or b Other Procurement Exception (Attach authorizing lan	
✓ Other Procurement Exception (Attach authorizing languag specific exemption or earmark, and exception justification, so		scope and budget)	iguage/justilication and updated
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		
COMPENSATION: (Check ONE option): The Department certifing the state accounting system by sufficient appropriations or ot Rate 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			Constitution of the Consti
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 Remunicipalities of the Commonwealth, as appropriated in the Cha	Payment issued within 19  gree to standard 45 day payment cycle. See F EASON FOR AMENDMB pter 227 of the Acts of 20	5 days % PPD; Payment issued within 20 days % PP day 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 allogous processes processes allogous processes pro	PD; Payment issued within 30 days 29, § 23A); only initial payment e Councils on Aging of the cation of available grant funding.
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 amo maximum obligation of this contract. COAs are responsible for re-	curred prior to the effectiv unt awarded under this ag	e date of this agreement (for which payment obligations have greement. This contract, once executed by both parties, will b	been triggered) and are intended
ANTICIPATED START DATE: (Complete ONE option only) Ti			Contract obligations:
1. may be incurred as of the Effective Date (latest signature			- D-1-
	he Effective Date below, a s authorized reimburseme		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 expering negotiated terms and warranties, to allow any close out or trans	ctations and obligations s	hall survive its termination for the purpose of resolving any of	claim or dispute, for completing any
CERTIFICATIONS: Notwithstanding verbal or other represent Amendment has been executed by an authorized signatory of approvals. The Contractor certifies that they have accessed an required under the Standard Contract Form Instructions and Coupon request to support compliance, and agrees that all terms herein according to the following hierarchy of document precedentstructions and Contractor Certifications, the Request for Reunacceptable, and additional negotiated terms, provided that an amade using the process outlined in 801 CMR 21.07, incorporate Contract.  AUTHORIZING SIGNATURE FOR THE CONTRACTOR:  X:  (Signature and Date Must Be Handwritten At Time Print Name:	the Contractor, the Depad reviewed all documents ntractor Certifications und governing performance of tence, the applicable Corsponse (RFR) or other significant and the department of the contract of the con	artment, or a later Contract or Amendment Start Date speci- incorporated by reference as electronically published and the der the pains and penalties of perjury, and further agrees to p f this Contract and doing business in Massachusetts are att mmonwealth Terms and Conditions, this Standard Contract folicitation, the Contractor's Response (excluding any lange will take precedence over the relevant terms in the RFR and any amended RFR or Response terms result in best value, to  AUTHORIZING SIGNATURE FOR THE COMMONWEA	fied above, subject to any required e 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
Print Title: CFO SHARDY		Print Title: O RE HOR OF A	#CCOUNTY FIN

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.

mapatir minimacomparener enginerine: T entito dre diso posted a	COOD : OITHO: Https://itin	r.masa.go mistorosa formo,		
CONTRACTOR LEGAL NAME: TOWN OF FLORIDA (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): PO BOX 61		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
FLORIDA, MA 01247-0061  Contract Manager: SUSAN OLESON Phone: 413-662-2811		Dillion Address III Jifferson.		
E-Mail: flaseniors.floridamass@gmail.com	Fax:	Billing Address (if different):  Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191791	rax:	<del></del>		
		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001. (Note: The Address ID must be set up for EFT payments.)		MMARS Doc ID(s): FY21COAFLORIDA000000		
		RFR/Procurement or Other ID Number: BD-21-1040-10		
. X NEW CONTRACT			CONTRACT AMENDMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check one option		Enter Current Contract End Date <u>Prior</u> to Amendment: (or "no change"		
Statewide Contract (OSD or an OSD-designated Departme Collective Purchase (Attach OSD approval, scope, budget		AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)		
Department Procurement (includes all Grants - 815 CMR 2	2.00) (Solicitation	Amendment to Date, Scope or Budget (Attach update		
Notice or RFR, and Response or other procurement suppo Emergency Contract (Atlach justification for emergency, so		Interim Contract (Attach justification for Interim Contra		
Contract Employee (Attach Employment Status Form, sco	pe, budget)	Contract Employee (Attach any updates to scope or b		
<ul> <li>Other Procurement Exception (Attach authorizing languag specific exemption or earmark, and exception justification, s</li> </ul>		<ul> <li>Other Procurement Exception (Attach authorizing lan scope and budget)</li> </ul>	guage/justification and updated	
The Standard Contract Form Instructions and Contractor C		1 0 7	are incorporated by reference	
into this Contract and are legally binding: (Check ONE option Services Commonwealth IT Terms and Conditions				
COMPENSATION: (Check ONE option): The Department certiin the state accounting system by sufficient appropriations or of	ther non-appropriated fun	ds, subject to intercept for Commonwealth owed debts unde	r 815 CMR 9.00.	
Rate Contract. (No Maximum Obligation) Attach details of ✓ Maximum Obligation Contract. Enter total maximum oblig				
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pa a PPD as follows: Payment issued within 10 days% PPD;				
% PPD. If PPD percentages are left blank, identify reason:	✓ agree to standard 45	day cycle statutory/legal or Ready Payments (M.G.L. c.		
(subsequent payments scheduled to support standard EFT 45			Councile so Asian of the	
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant funding. The performance period for this award is 7/1/20-6/30/21. The 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.			cation of available grant funding. Inal fiscal report accounting for been triggered) and are intended	
ANTICIPATED START DATE: (Complete ONE option only) T	STOCKED TO STOCK STOCK STOCK		Contract obligations:	
1. may be incurred as of the Effective Date (latest signature				
		v and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
3. were incurred as of JULY 1, 20 20 , a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Con attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.			bligations under this Contract are	
CONTRACT END DATE: Contract performance shall terminat	e as of _JUNE 30 , 20 21	L with no new obligations being incurred after this date unless	s the Contract is properly amended,	
provided that the terms of this Contract and performance expended negotiated terms and warranties, to allow any close out or transport of the contract and performance expenses the cont				
<u>CERTIFICATIONS</u> : Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.				
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:		AUTHORIZING SIGNATURE FOR THE COMMONWE	ALTH:	
X: Chatro Dolle 4 . Date: 7-22-21 (Signature and Date Must Be Handwritten At Time of Signature)		X: Compature and Date Must Be Handwritten	At Time of Signature)	
Print Name: Christine Dobbert.		Print Name: 100 / Ohn	Deannt	
Print Title: Town Administrative Print Title:				
		and Contr	acting	



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

CONTRACTOR LEGAL NAME: CITY OF GARDNER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 95 PLEASANT ST STE 17 GARDNER, MA 01440-2630		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: CLAUDE LEGER Phone: 978-630-4067		Billing Address (if different):	
E-Mail: coa@gardner-ma.gov; cleger@gardner-ma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC60 00192095		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAGARDNER000000	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-	-1040C-1040L-57550
X NEW CONTRACT		CONTRACT AMEN	THE REAL PROPERTY OF THE PROPE
PROCUREMENT OR EXCEPTION TYPE: (Check one option	n only)	Enter Current Contract End Date <u>Prior</u> to Amendment, 20	
Statewide Contract (OSD or an OSD-designated Departm	nent)	Enter Amendment Amount: \$ (or "no change")	
Collective Purchase (Attach OSD approval, scope, budge	t)	AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)	
<ul> <li>Department Procurement (includes all Grants - 815 CMR Notice or RFR, and Response or other procurement supp</li> </ul>		Amendment to Date, Scope or Budget (Attach updated scope and budget)Interim Contract (Attach justification for Interim Contract and updated scope/budget)	
Emergency Contract (Attach justification for emergency, s	cope, budget)	interim Contract (Attach justification for interim Contract Employee (Attach any updates to scope of	
<ul> <li>Contract Employee (Attach Employment Status Form, sco</li> <li>Other Procurement Exception (Attach authorizing langua</li> </ul>		Other Procurement Exception (Attach authorizing	WAS THE STATE OF T
specific exemption or earmark, and exception justification,		scope and budget)	anguagajaotiioaton ana apaatoa
The Standard Contract Form Instructions and Contractor into this Contract and are legally binding: (Check ONE opt Services Commonwealth IT Terms and Conditions			
COMPENSATION: (Check ONE option): The Department cer	ifies that payments for au	thorized performance accepted in accordance with the terr	ms of this Contract will be supported
in the state accounting system by sufficient appropriations or	other non-appropriated fur	nds, subject to intercept for Commonwealth owed debts un	der 815 CMR 9.00.
Rate Contract. (No Maximum Obligation) Attach details o ✓ Maximum Obligation Contract. Enter total maximum obligation			
			200 20
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth p identify a PPD as follows: Payment issued within 10 days			
days% PPD. If PPD percentages are left blank, identify r	eason: 💉 agree to star	ndard 45 day cycle statutory/legal or Ready Payments	
payment (subsequent payments scheduled to support stands	THE RESERVE OF THE PARTY OF THE		# - O 11 A - 1 EH -
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or municipalities of the Commonwealth, as appropriated in the Ch The performance period for this award is 7/1/20-6/30/21. The r how these grant funds were applied. All approved obligations is	apter 227 of the Acts of 20 nunicipality certifies that th	020. The award amount is determined by a census-based a ne funds will be used for COA activities, and will complete	Nocation of available grant funding. a final fiscal report accounting for
to be part of this agreement, are to be funded from the total arr	ount awarded under this a	agreement. This contract, once executed by both parties, wil	
maximum obligation of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021.  ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:			
1. may be incurred as of the Effective Date (latest signature		NESTANDER DE SANTE EL SETE ESTE ESTANDE EL SETE DE SETE DE SANTE DE L'ESTANDE EL SANTE EL SANTE EL SANTE EL SA L'ESTANDE EL SANTE E	tt oont act obligateris.
2. may be incurred as of, 20, a date LATER tha			tive Date.
🗹 3. were incurred as of JULY 1, 20 20 , a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior			
		nent payments, and that the details and circumstances of a	
attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.			
CONTRACT END DATE: Contract performance shall terminate as of <u>JUNE 30</u> , 20,21, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or			
Amendment has been executed by an authorized signatory of			
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 periury, and further agrees to provide any required			
documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or			
incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, he Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken			
by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, low costs. or a more cost effective Contract.			e relevant terms in the RFR and the
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	4/9/2	AUTHORIZING SIGNATURE FOR THE COMMONW	112921
X: Date:	of Signature)	X: (Signature and Date Must Be Handwritte	Date:
Print Name: Michael J Nicholson.	. s. digitatar 6/	Print Name: 1000 V	Ch
Print Title: Meyor		Print Title: Deltok, of	HIDHMIN
	and Contracting		
	(Updated 6/30	0/20) Page 1 of 1	

This form is jointly issued and published by the Office of the Comptroller (CTR), the Executive Office for Administration and Finance (ANF), and the Operational Services

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

Forms are also posted at OSD Forms: https://www.mass.gov/lists		store and respanse to access publicated forms at \$1117 erms in	upon/mmmmacompacinong/mmm
CONTRACTOR LEGAL NAME: TOWN OF GOSNOLD		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS	
(and d/b/a):		MMARS Department Code:	
Legal Address: (W-9, W-4): PO BOX 28 CUTTYHUNK, MA 02713-0028		Business Mailing Address: 1 ASHBURTON PL BOST	ON, MA 02108
Contract Manager: KRIS LOMBARD	Phone: 508-990-7408	Billing Address (if different):	
E-Mail: lombard47@gmail.com	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191800		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COACUTTYHUNK0000	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-104	40C-1040L-57550
X NEW CONTRACT		CONTRACT AMENDMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20	
Statewide Contract (OSD or an OSD-designated Departme		Enter Amendment Amount: \$ (or "no change")	
Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes all Grants - 815 CMR 2		AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)	
Notice or RFR, and Response or other procurement support		Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contra	
Emergency Contract (Attach justification for emergency, so		Contract Employee (Attach any updates to scope or but	
Contract Employee (Attach Employment Status Form, scop ✓ Other Procurement Exception (Attach authorizing language specific exemption or earmark, and exception justification, sc	e, legislation with	Other Procurement Exception (Attach authorizing lang	
specific exemption or earmark, and exception justification, so	cope and budget)	scope and budget)	
The Standard Contract Form Instructions and Contractor C into this Contract and are legally binding: (Check ONE optio Services Commonwealth IT Terms and Conditions			
COMPENSATION: (Check ONE option): The Department certifies in the state accounting system by sufficient appropriations or other controls.	her non-appropriated fun-	ds, subject to intercept for Commonwealth owed debts under	815 CMR 9.00.
Rate Contract. (No Maximum Obligation) Attach details of a Maximum Obligation Contract. Enter total maximum obligation			
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	EASON FOR AMENDME	ENT: This contract is to distribute a formula grant award to the	Councils on Aging of the
municipalities of the Commonwealth, as appropriated in the Cha			
The performance period for this award is 7/1/20-6/30/21. The min how these grant funds were applied. All approved obligations included the second of the sec			
to be part of this agreement, are to be funded from the total amount	unt awarded under this ag	greement. This contract, once executed by both parties, will be	
maximum obligation of this contract, COAs are responsible for re	The second secon		antract obligations:
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			Date.
3. were incurred as of JULY 1, 20 20 , a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.			
CONTRACT END DATE: Contract performance shall terminate as of <u>JUNE 30</u> , 20 21, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any			
negotiated terms and warranties, to allow any close out or trans			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if			
made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effect			ver costs, or a more cost effective
Contract.  ALITHORIZING SIGNATURE FOR THE CONTRACTOR:  ALITHORIZING SIGNATURE FOR THE COMMONWEALTH.			I TH-
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:  X:	125/2021	AUTHORIZING SIGNATURE FOR THE COMMONWEA	6/29/2271
(Signature and Date Must Be Handwritten At Time	of Signature)	(Signature and Date Must Be Handwritten A	t Time of Signature)
Print Name: Qail Blowt.	The state of the s	Print Name: Raebel Goldstein	
Print Title: Chair, Board & Selectiven		X: Lackel Guldster. Date: 629 2021  (Signature and Date Must Be Handwritten At Time of Signature)  Print Name: Lackel Goldster.  Print Title: Fo FOFA	