

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.

7	: -:::::::::::::::::::::::::::::::		
CONTRACTOR LEGAL NAME: TOWN OF HARDWICK (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): PO BOX 575 GILBERTVILLE, MA 01031-0575		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: THERESA COFSKE	Phone: 413-477-6197	97 Billing Address (if different):	
E-Mail: hardwickcoa@live.com	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191819	,	E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.	\. 8	MMARS Doc ID(s): FY21COAGILBERTVILLE0	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-1	040 C-1 040L-57550
X NEW CONTRACT	y e	CONTRACT AMEND	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check one option	ı only)	Enter Current Contract End Date Prior to Amendment:	, 20_ <u></u> .
Statewide Contract (OSD or an OSD-designated Departm	ent)	Enter Amendment Amount: \$ (or "no change	
Collective Purchase (Attach OSD approval, scope, budge Department Procurement (includes all Grants - 815 CMR	t) 2.00) (Solicitation	AMENDMENT TYPE: (Check one option only. Attach one option only. Attach one option only. Attach on the control of the control o	and the state of t
Notice or RFR, and Response or other procurement supp	orting documentation)	Interim Contract (Attach justification for Interim Contr	, , ,
Emergency Contract (Attach justification for emergency, s Contract Employee (Attach Employment Status Form, sco)		Contract Employee (Attach any updates to scope or	
Other Procurement Exception (Attach authorizing language		Other Procurement Exception (Attach authorizing la	nguage/justification and updated
specific exemption or earmark, and exception justification, s	, ,,	scope and budget)	
The Standard Contract Form Instructions and Contractor (into this Contract and are legally binding: (Check ONE opti ServicesCommonwealth IT Terms and Conditions			
COMPENSATION: (Check ONE option): The Department cert in the state accounting system by sufficient appropriations or compensations.	ther 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 obligation	gation for total duration of	this contract (or <i>new</i> total if Contract is being amended). \$	7,008.00.
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth paidentify a PPD as follows: Payment issued within 10 days% days% PPD. If PPD percentages are left blank, identify repayment (subsequent payments scheduled to support standard)	6 PPD; Payment issued w eason: <u>✓</u> agree to star ard EFT 45 day payment o	ithin 15 days % PPD; Payment issued within 20 days dard 45 day cycle statutory/legal or Ready Payments ( cycle. See Prompt Pay Discounts Policy.)	% PPD; Payment issued within 30 M.G.L. c. 29, § 23A); only initial
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or F municipalities of the Commonwealth, as appropriated in the Cha The performance period for this award is 7/1/20-6/30/21. The m how these grant funds were applied. All approved obligations in to be part of this agreement, are to be funded from the total ama maximum obligation of this contract. COAs are responsible for m	apter 227 of the Acts of 20 nunicipality certifies that th ncurred prior to the effective nunt awarded under this a	(20. The award amount is determined by a census-based allower funds will be used for COA activities, and will complete a least of this agreement (for which payment obligations have greement. This contract, once executed by both parties, will be a contract.	cation of available grant funding. inal fiscal report accounting for been triggered) and are intended
ANTICIPATED START DATE: (Complete ONE option only) T			Contract obligations:
1. may be incurred as of the Effective Date (latest signature2. may be incurred as of, 20, a date LATER than			o Doto
✓ 3. were incurred as of JULY 1, 20 20 , a date PRIOR to the			
authorized to be made either as settlement payments or a	as authorized reimbursem	ent payments, and that the details and circumstances of all	obligations under this Contract are
		ases the Commonwealth from further claims related to these	309-30 S 0.50-40.000
CONTRACT END DATE: Contract performance shall termin amended, provided that the terms of this Contract and perform completing any negotiated terms and warranties, to allow any or the completing and the contract of the c	mance expectations and	obligations shall survive its termination for the purpose of	resolving any claim or dispute, for
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language strict by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lo costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X:			ed above, subject to any required hed and the Contractor makes all her agrees to provide any required in Massachusetts are attached or s, this Standard Contract Form, her (excluding any language stricken relevant terms in the RFR and the

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

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

are incorporated by reference herein. Additional non-conflic https://www.macomptroller.org/forms. Forms are also posted at 0			published forms at CTR Forms:	
CONTRACTOR LEGAL NAME: CITY OF HAVERHILL		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE	OFFICE OF ELDER AFFAIRS	
(and d/b/a):		MMARS Department Code:		
Legal Address: (W-9, W-4): 4 SUMMER ST HAVERHILL, MA 01830-5836		Business Mailing Address: 1 ASHBURTON PL BOST	ON, MA 02108	
Contract Manager: VINCENT OUELLETTE	Phone: 978-374-2388	Billing Address (if different):		
E-Mail: vo@cityofhaverhill.com	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192101		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAHAVERHILL0000		
(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  PROCUREMENT OR EXCEPTION TYPE: (Check one option  Statewide Contract (OSD or an OSD-designated Departme Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes all Grants - 815 CMR 2 Notice or RFR, and Response or other procurement suppor	ent) ) 2.00) (Solicitation	CONTRACT AMENDM Enter Current Contract End Date <u>Prior</u> to Amendment: _ Enter Amendment Amount: \$ (or "no change") AMENDMENT TYPE: (Check one option only. Attach de Amendment to Date, Scope or Budget (Attach update	, 20 ) etails of amendment changes.) ed scope and budget)	
<ul> <li>Emergency Contract (Attach justification for emergency, so</li> <li>Contract Employee (Attach Employment Status Form, scop</li> <li>Other Procurement Exception (Attach authorizing language specific exemption or earmark, and exception justification, so</li> </ul>	ne, budget) e, legislation with cope and budget)	Interim Contract (Attach justification for Interim Contract     Contract Employee (Attach any updates to scope or but     Other Procurement Exception (Attach authorizing lang scope and budget)	udget) guage/justification and updated	
The Standard Contract Form Instructions and Contractor Cointo 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 obtact Rate Contract. (No Maximum Obligation) Attach details of a Maximum Obligation Contract. Enter total maximum obligation	her non-appropriated fund all rates, units, calculation	ds, subject to intercept for Commonwealth owed debts under ns, conditions or terms and any changes if rates or terms are	r 815 CMR 9.00. being amended.)	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pay a PPD as follows: Payment issued within 10 days% PPD; R	PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason:			
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or RI municipalities of the Commonwealth, as appropriated in the Chart The performance period for this award is 7/1/20-6/30/21. The municipalities of this award is 7/1/20-6/30/21. The municipalities grant funds were applied. All approved obligations into be part of this agreement, are to be funded from the total amount maximum obligation of this contract. COAs are responsible for re	EASON FOR AMENDME pter 227 of the Acts of 202 unicipality certifies that the curred prior to the effective unt awarded under this ag	ENT: This contract is to distribute a formula grant award to the 20. The award amount is determined by a census-based alloc e funds will be used for COA activities, and will complete a fir e date of this agreement (for which payment obligations have greement. This contract, once executed by both parties, will be	cation of available grant funding.  nal fiscal report accounting for been triggered) and are intended	
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:			Date. red prior to the Effective Date are bligations 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.				
<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 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 req 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 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, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response of the Contract.			ied above, subject to any required contractor makes all certifications rovide any required documentation ached or incorporated by reference form, the Standard Contract Form tage stricken by a Department as it the Contractor's Response only if wer costs, or a more cost effective	
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	ter been	AUTHORIZING SIGNATURE FOR THE COMMONWEA	11.1.31	
X:	of Signature)	X:		

Print Title:

1/2

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:

nups//www.naconpublier.org/lorns. Forms are also posted at	OSD FORMS. https://www.	mass.gov/iisis/osd-iorns.		
CONTRACTOR LEGAL NAME: CITY OF HOLYOKE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 536 DWIGHT ST HOLYOKE, MA 01040-5019		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: NAVAE RODRIGUEZ	Phone: 413-322-5625	Billing Address (if different):		
E-Mail: rodriguezn@holyoke.org	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192102		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD_001.		MMARS Doc ID(s): FY21COAHOLYOKE000000		
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	RFR/Procurement or Other ID Number: BD-21-1040-1040C-1040L-57550	
X NEW CONTRACT		CONTRACT AMEND		
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date <u>Prior</u> to Amendment:		
Statewide Contract (OSD or an OSD-designated Departm	ent)	Enter Amendment Amount: \$ (or "no change		
Collective Purchase (Attach OSD approval, scope, budge		AMENDMENT TYPE: (Check one option only. Attach d		
Department Procurement (includes all Grants - 815 CMR Notice or RFR, and Response or other procurement supp		Amendment to Date, Scope or Budget (Attach upda	A	
Emergency Contract (Attach justification for emergency, s	cope, budget)	Interim Contract (Attach justification for Interim Contract Contract Employee (Attach any updates to scope or It		
Contract Employee (Attach Employment Status Form, sco ✓ Other Procurement Exception (Attach authorizing langua		Other Procurement Exception (Attach authorizing la		
specific exemption or earmark, and exception justification,		scope and budget)	gang ajanmanan ana apaana	
The Standard Contract Form Instructions and Contractor into this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions				
COMPENSATION: (Check ONE option): The Department cert	ifies that navments for au	thorized performance accepted in accordance with the terms	of this Contract will be supported	
in the state accounting system by sufficient appropriations or of	ther non-appropriated fur	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			S	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth paidentify a PPD as follows: Payment issued within 10 days9				
days% PPD. If PPD percentages are left blank, identify re	eason: <a href="mailto:sded-w">—</a> agree to star	ndard 45 day cyclestatutory/legal or Ready Payments (I	M.G.L. c. 29, § 23A); only initial	
payment (subsequent payments scheduled to support standa	THE RESERVE OF THE PARTY OF THE			
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or I municipalities of the Commonwealth, as appropriated in the Ch				
The performance period for this award is 7/1/20-6/30/21. The n	nunicipality certifies that th	e funds will be used for COA activities, and will complete a f	inal fiscal report accounting for	
how these grant funds were applied. All approved obligations is to be part of this agreement, are to be funded from the total am				
maximum obligation of this contract. COAs are responsible for			e irealed as the sore invoice for the	
ANTICIPATED START DATE: (Complete ONE option only) T	The state of the s	and the second s	Contract obligations:	
1. may be incurred as of the Effective Date (latest signature			2.2	
, a date LATER than, 20, a date LATER than, 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 a	as authorized reimbursem	ent payments, and that the details and circumstances of all of ases the Commonwealth from further claims related to these	obligations under this Contract are	
CONTRACT END DATE: Contract performance shall termin				
amended, provided that the terms of this Contract and perform	mance expectations and	obligations shall survive its termination for the purpose of	resolving any claim or dispute, for	
completing any negotiated terms and warranties, to allow any	close out or transition per	formance, reporting, invoicing or final payments, or during	any lapse between amendments.	
CERTIFICATIONS: Notwithstanding verbal or other represent				
Amendment has been executed by an authorized signatory of approvals. The Contractor certifies that they have accesse				
certifications required under the Standard Contract Form Instru	ctions and Contractor Ce	rtifications under the pains and penalties of perjury, and furtl	her agrees to provide any required	
documentation upon request to support compliance, and a incorporated by reference herein according to the following his				
Standard Contract Form Instructions and Contractor Certificati	ons, the Request for Res	conse (RFR) or other solicitation, the Contractor's Response	(excluding any language stricken	
by a Department as unacceptable, and additional negotiate	ed terms, provided that a	additional negotiated terms will take precedence over the	elevant terms in the RFR and the	
Contractor's Response only if made using the process outlined costs, or a more cost effective Contract.	III 80 I CIVIR 21.07, Incor	porated nerein, provided that any amended RFR or Respons	se terms result in dest value, lower	
AUTHORIZING SIGNATURE, FOR THE CONTRACTOR:		AUTHORIZING SIGNATURE FOR THE COMMONWEA	LTH:	
x. alle worse Date:	3.25.21	X: POM CONY Da	10. 4-R-21	
(Signature and Date Must Be Handwritten At Time	of Signature)	(Signature and Date Must Be Handwritten		
Print Name: Hex Worse	200	Print Name: Peggy Lonnes	14 1	
Print Title: May Ok.		Print Title: D Worton Of Ho	downing.	
•	(Updated 6/30	(20) Page 1 of 1	entracting	

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

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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.

https://www.macomptroller.org/forms. Forms are also posted at			published forms at CTIX Forms.
CONTRACTOR LEGAL NAME: TOWN OF LANCASTER		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS	
(and d/b/a):		MMARS Department Code:	Part Notario San
Legal Address: (W-9, W-4): 695 MAIN ST LANCASTER, MA 01523-2245		Business Mailing Address: 1 ASHBURTON PL BOST	ON, MA 02108
Contract Manager: ORLANDO PACHECO	Phone: 978-733-1249	Billing Address (if different):	
E-Mail: opacheco@lancasterma.net	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191847		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COALANCASTER0000	
(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	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date <u>Prior</u> to Amendment: _	v
Statewide Contract (OSD or an OSD-designated Department		Enter Amendment Amount: \$ (or "no change")	2
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 suppo		Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contra	and a second for the second district and described the second second second second second second second second
Emergency Contract (Attach justification for emergency, so		Contract Employee (Attach any updates to scope or bi	
Contract Employee (Attach Employment Status Form, scop ✓ Other Procurement Exception (Attach authorizing languag		Other Procurement Exception (Attach authorizing language)	
specific exemption or earmark, and exception justification, se	cope and budget)	scope and budget)	
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 folion): Commonwealth T	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 certif			
in the state accounting system by sufficient appropriations or of 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:			
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 or			Occurrille on Anima of the
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or R municipalities of the Commonwealth, as appropriated in the Cha			
The performance period for this award is 7/1/20-6/30/21. The m	unicipality certifies that the	e funds will be used for COA activities, and will complete a fir	nal fiscal report accounting for
how these grant funds were applied. All approved obligations in			
to be part of this agreement, are to be funded from the total amo maximum obligation of this contract. COAs are responsible for re			streated as the sole invoice for the
ANTICIPATED START DATE: (Complete ONE option only) Ti	ne 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			
✓ 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 a settlement payments or a settlement.  Output  Description:  Output  Descr		and the parties agree that payments for any obligations incur ent payments, and that the details and circumstances of all o	
attached and incorporated into this Contract. Acceptance	of payments forever relea	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 expenses			
negotiated 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	ntractor Certifications und	ler the pains and penalties of perjury, and further agrees to pi	rovide 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 incorporate herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard			iched or incorporated by reference
Instructions and Contractor Certifications, the Request for Re	sponse (RFR) or other s	olicitation, the Contractor's Response (excluding any langu	lage stricken by a Department as
unacceptable, and additional negotiated terms, provided that a	dditional 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 Contract.	ed herein, provided that a	ny amended RFR or Response terms result in best value, lo	wer costs, or a more cost effective
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:		AUTHORIZING SIGNATURE FOR THE COMMONWEA	il TH•
X: Alexandr Fall Date:	5-13-21	1 as mul on	5 - 76 - 71
X: (Signature and Date Must Be Handwritten At Time		X: Date Must Be Handwritten	te:
Print Name: Oflando, Pacheco .		Print Name: 1991 Y GONDER	V.
Print Title: Town Administrator		Print Title:	Acrounter

and Contract

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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.

CONTRACTOR LEGAL NAME: CITY OF LYNN (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 3 CITY HALL SQ STE 206 LYNN, MA 01901-1028		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: SANDRA SAREZ	Contract Manager: SANDRA SAREZ Phone: 781-586-8503		2
E-Mail: ssuarez@glss.net	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000192109		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COALYNN00000000	POSERBAL SECTION AND AND ADDRESS OF THE PROPERTY OF THE PROPER
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	040 C-1040L-57550
X NEW CONTRACT		CONTRACT AMEND	especial transmission records
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	
Statewide Contract (OSD or an OSD-designated Departm	- 11-11-11-11-11-11-11-11-11-11-11-11-11	Enter Amendment Amount: \$ (or "no change	
Collective Purchase (Attach OSD approval, scope, budge		AMENDMENT TYPE: (Check one option only. Attach d	
Department Procurement (includes all Grants - 815 CMR		Amendment to Date, Scope or Budget (Attach update	
Notice or RFR, and Response or other procurement support Emergency Contract (Attach justification for emergency, s		Interim Contract (Attach justification for Interim Contra	
Contract Employee (Attach Employment Status Form, score	pe, budget)	Contract Employee (Attach any updates to scope or b	17/19
Other Procurement Exception (Attach authorizing languages specific exemption or earmark, and exception justification.)		Other Procurement Exception (Attach authorizing lar scope and budget)	nguage/justification and updated
The Standard Contract Form Instructions and Contractor (		And I was the way and a country	at are incorporated by reference
into this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions			
COMPENSATION: (Check ONE option): The Department cert			
in the state accounting system by sufficient appropriations or on the Lagrangian (No Maximum Obligation). Attach details of			
✓ Maximum Obligation Contract. Enter total maximum oblig			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pa	syments are issued throu	ugh EET 45 days from invoice receipt Contractors require	sting accelerated payments must
identify a PPD as follows: Payment issued within 10 days %	PPD; Payment issued w	ithin 15 days  % PPD: Payment issued within 20 days	% PPD: Payment issued within 30
days% PPD. If PPD percentages are left blank, identify re	eason: 🗹 agree to star	ndard 45 day cycle statutory/legal or Ready Payments (I	M.G.L. c. 29, § 23A); only initial
payment (subsequent payments scheduled to support standa	The state of the s		
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or F municipalities of the Commonwealth, as appropriated in the Cha	REASON FOR AMENDMI apter 227 of the Acts of 20	ENT: This contract is to distribute a formula grant award to the 20. The award amount is defermined by a census-based allo	re Councils on Aging of the ocation of available grant funding.
municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a consus-based allocation of available gr.  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 ac			
how these grant funds were applied. All approved obligations incurred prior to the effective			
how these grant funds were applied. All approved obligations in	ncurred prior to the effective	ve date of this agreement (for which payment obligations have	e been triggered) and are intended
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This form is jointly issued and published by the Office of the Comptroller (CTR), the Executive Office for Administration and Finance (ANF), and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form or to the Standard Contract Form Instructions and Contractor Certifications, the Commonwealth Terms and Conditions for Human and Social Services or the Commonwealth IT Terms and Conditions which are incorporated by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access published forms at CTR Forms: https://www.macs.gov/lists/osd-forms.

https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.	mass.gov/lists/osd-forms.	
CONTRACTOR LEGAL NAME: CITY OF MELROSE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): PO BOX 56 MELROSE, MA 02176-0901		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: STACEY MINCHELLO	Phone: 781-665-4304	Billing Address (if different):	
E-Mail: sminchello@cityofmelrose.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000192116		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Dec ID(s): FY21COAMELROSE000000	
Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-1	040C-1040L-57550
X NEW CONTRACT		CONTRACT AMEND	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date Prior to Amendment:	4.500
Statewide Contract (OSD or an OSD-designated Departme		Enter Amendment Amount: \$ (or "no change	Company State of the Company of the
Collective Purchase (Attach OSD approval, scope, budget		AMENDMENT TYPE: (Check one option only. Attach	All the first of the second of the second field at the second second to
Department Procurement (includes all Grants - 815 CMR 2 Notice or RFR, and Response or other procurement support		Amendment to Date, Scope or Budget (Attach upda	
Emergency Contract (Attach justification for emergency, so		Interim Contract (Attach justification for Interim Contract	
Contract Employee (Attach Employment Status Form, sco	oe, budget)	Contract Employee (Attach any updates to scope or Other Procurement Exception (Attach authorizing la	
<ul> <li>Contract Employee (Attach Employment Status Form, scoper Other Procurement Exception (Attach authorizing language specific exemption or earmark, and exception justification, see</li> </ul>	e, legislation with cope and budget)	scope and budget)	nguage/justilication and updated
The Standard Contract Form Instructions and Contractor C		llowing Commonwealth Terms and Conditions docume	nt 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 certi			
in the state accounting system by sufficient appropriations or or Rate Contract. (No Maximum Obligation) Attach details of	ther non-appropriated fun	nds, subject to intercept for Commonwealth owed debts und	er 815 CMR 9.00.
✓ Maximum Obligation Contract. Enter total maximum oblig			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pa			
a PPD as follows: Payment issued within 10 days% PPD; P			
PPD. If PPD percentages are left blank, identify reason:	_agree to standard 45 d	lay cycle statutory/legal or Ready Payments (M.G.L. c.	
(subsequent payments scheduled to support standard EFT 45 BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or F	The Name of State of		ha 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 n	nunicipality certifies that the	ne funds will be used for COA activities, and will complete a	final fiscal report accounting for
how these grant funds were applied. All approved obligations in to be part of this agreement, are to be funded from the total amount			
maximum obligation of this contract. COAs are responsible for r			be treated as the colo involce for the
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 signature			
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 authorized to be made either as settlement payments or a		and the parties agree that payments for any obligations inc nent payments, and that the details and circumstances of all	
attached and incorporated into this Contract. Acceptance	of payments forever rele	eases the Commonwealth from further claims related to these	e obligations.
CONTRACT END DATE: Contract performance shall terminat	e as of _JUNE 30 , 20 2	1, with no new obligations being incurred after this date unle	ss the Contract is properly amended,
provided that the terms of this Contract and performance expe	ectations and obligations s	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 tran			
CERTIFICATIONS: Notwithstanding verbal or other represer	tations by the parties, th	e "Effective Date" of this Contract or Amendment shall be	the latest date that this Contract or
Amendment has been executed by an authorized signatory o approvals. The Contractor certifies that they have accessed an	r the Contractor, the Dep	sartment, or a later Contract or Amendment Start Date spe- s incorporated by reference as electronically published and t	he Contractor makes all certifications
required under the Standard Contract Form Instructions and C	ontractor Certifications ur	nder the pains and penalties of perjury, and further agrees to	provide any required documentation
upon request to support compliance, and agrees that all terms herein according to the following hierarchy of document prece	governing performance	of this Contract and doing business in Massachusetts are a	ttached or incorporated by reference
Instructions and Contractor Certifications, the Request for R	esponse (RFR) or other	solicitation, the Contractor's Response (excluding any lar	iguage stricken by a Department as
unacceptable, and additional negotiated terms, provided that a	additional negotiated term	ns will take precedence over the relevant terms in the RFR a	and the Contractor's Response only if
made using the process outlined in 801 CMR 21.07, incorpora	ited 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 COMMONW	EALTH:
0 1901	5/2/1201	000000	Date: 5 262
X: Date: Date: Date: Date:	e of Signature)	X: (Signature and Date Must Be Handwritte	
Print Name: Paul 50000		Print Name: Kag I ( DW) C	5/4 L
Print Title: Way //		Print Title: Petron	ACIOUNTU
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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 MONTEREY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 435 MAIN RD MONTEREY, MA 01245-9716		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: KYLE PIERCE	Phone: 413-528-1443	Billing Address (if different):		
E-Mail: coa@montereyma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191894		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAMONTEREY00000		
(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 Departme		Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scope, budget		AMENDMENT TYPE: (Check one option only. Attach de	AND ADDRESS OF THE PARTY OF THE	
Department Procurement (includes all Grants - 815 CMR : Notice or RFR, and Response or other procurement support		Amendment to Date, Scope or Budget (Attach update		
Emergency Contract (Attach justification for emergency, see	cope, budget)	Interim Contract (Attach justification for Interim Contra Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status Form, sco ✓ Other Procurement Exception (Attach authorizing language		Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justification, s		scope and budget)	goago/justineation and apolitica	
The Standard Contract Form Instructions and Contractor C into this Contract and are legally binding: (Check ONE optic ServicesCommonwealth IT Terms and Conditions	ertifications and the fol n):Commonwealth T	lowing Commonwealth Terms and Conditions document erms and Conditions ✓ Commonwealth Terms and Condition	t are incorporated by reference ins For Human and Social	
COMPENSATION: (Check ONE option): The Department certii	ies that payments for auti	horized performance accepted in accordance with the terms	of this Contract will be supported	
in the state accounting system by sufficient appropriations or of	her non-appropriated fund	ds, subject to intercept for Commonwealth owed debts under	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 page 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				
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 m	unicipality certifies that the	e funds will be used for COA activities, and will complete a fir	nal fiscal report accounting for	
how these grant funds were applied. All approved obligations in to be part of this agreement, are to be funded from the total amo				
maximum obligation of this contract. COAs are responsible for re	turning this executed con	tract by no later than June 30, 2021.	ricated as the sole involce for the	
ANTICIPATED START DATE: (Complete ONE option only) Ti			contract obligations:	
1. may be incurred as of the Effective Date (latest signature				
	s authorized reimburseme	and the parties agree that payments for any obligations incurent payments, and that the details and circumstances of all obsess 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 exper negotiated 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	d reviewed all documents i	incorporated by reference as electronically published and the	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 precedents				
Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excludi			age stricken by a Department as	
unacceptable, and additional negotiated terms, provided that an made using the process outlined in 801 CMR 21.07, incorporate				
Contract.	ou nerein, provided that a	A substitute of the sponse terms result in best value, to	wer costs, or a more cost elective	
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:		ANTHORIZING SIGNATURE FOR THE COMMONWEA	LTH:	
X: Kyli Lo, evel . Date:	5/17/2021	x: Leacal on Date . Date	le: 5 dod	
(Signature and Date Must Be Handwritten At Time	of Signature)	(Signature and Date Must Be Handwritten A	At Time of Signature)	
Print Name: Kye Vierce.		Print Name: 1890 1 0000	Ayera Ann	
Print Title: Counci ) on Home Chan		Print Title: DI RECTOR OF	The round of	
and Gor		and Contract	The Th	

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

CONTRACTOR LEGAL NAME: TOWN OF NAHANT (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 334 NAHANT RD NAHANT, MA 01908-1469		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: LINDA PETERSON Phone: 781-581-7557		Billing Address (if different):		
E-Mail: lpeterson@nahant.org	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191898		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COANAHANT0000000		
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-104	40C-4040L-57550	
X NEW CONTRACT		CONTRACT AMENDI		
PROCUREMENT OR EXCEPTION TYPE: (Check one option	anh/\	Enter Current Contract End Date <u>Prior</u> to Amendment:		
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 de		
Department Procurement (includes all Grants - 815 CMR 2	.00) (Solicitation	Amendment to Date, Scope or Budget (Attach update		
Notice or RFR, and Response or other procurement suppor Emergency Contract (Attach justification for emergency, sc		Interim Contract (Attach justification for Interim Contra		
Contract Employee (Attach Employment Status Form, scop	e, budget)	Contract Employee (Attach any updates to scope or be		
✓ Other Procurement Exception (Attach authorizing language	e, legislation with	Other Procurement Exception (Attach authorizing land	guage/justification and updated	
specific exemption or earmark, and exception justification, so	THE RESERVE THE PERSON NAMED IN	scope and budget)		
The Standard Contract Form Instructions and Contractor Cointo this Contract and are legally binding: (Check ONE option Services Commonwealth IT Terms and Conditions	ertifications and the folin): Commonwealth T	lowing Commonwealth Terms and Conditions document erms and Conditions ✓ Commonwealth Terms and Condition	ns For Human and Social	
COMPENSATION: (Check ONE option): The Department certifi in the state accounting system by sufficient appropriations or ot 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 obliga				
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: dayse to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)				
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or R municipalities of the Commonwealth, as appropriated in the Chap The performance period for this award is 7/1/20-6/30/21. The municipalities grant funds were applied. All approved obligations into be part of this agreement, are to be funded from the total amon maximum obligation of this contract. COAs are responsible for re	oter 227 of the Acts of 202 unicipality certifies that the curred prior to the effective unt awarded under this ag	20. The award amount is determined by a census-based alloc e funds will be used for COA activities, and will complete a fir e date of this agreement (for which payment obligations have greement. This contract, once executed by both parties, will be	eation of available grant funding. nal fiscal report accounting for been triggered) and are intended	
ANTICIPATED START DATE: (Complete ONE option only) Th			contract obligations:	
1. may be incurred as of the Effective Date (latest signature	date below) and <u>no</u> oblig	ations have been incurred <u>prior</u> to the Effective Date.		
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	bligations under this Contract are	
CONTRACT END DATE: Contract performance shall terminate provided that the terms of this Contract and performance expecinegotiated 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	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 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 in 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 a 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 made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X:				

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

https://www.macomptroller.org/forms. Forms are also posted a	t OSD Forms: https://www	.mass.gov/lists/osd-forms.	is published forms at CTR Forms
CONTRACTOR LEGAL NAME: TOWN OF NEW BRAINTREE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 20 MEMORIAL DR NEW BRAINTREE, MA 01531-1743		Business Mailing Address: 1 ASHBURTON PL BOST	ON, MA 02108
Contract Manager: KAREN J. BRADEN	Phone: 413-477-8772	Billing Address (if different):	
E-Mail: councilonaging@newbraintree.org	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191904	•	E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COANEWBRAINTREE0	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	240 C-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 Departm Collective Purchase (Attach OSD approval, scope, budge		Enter Amendment Amount: S, (or "no change AMENDMENT TYPE: (Check one option only, Attach d	)
Department Procurement (includes all Grants - 815 CMR	2.00) (Solicitation	Arnendment to Date, Scope or Budget (Attach upda)	
Notice or RFR, and Response or other procurement supp	orting documentation)	Interim Contract (Attach justification for Interim Contra	
Emergency Contract (Attach justification for emergency, s Contract Employee (Attach Employment Status Form, sco	cope, budget)	Contract Employee (Attach any updates to scope or b	
✓ Other Procurement Exception (Attach authorizing language)	ge, legislation with	Other Procurement Exception (Attach authorizing lan	nguage/justification and updated
specific exemption or earmark, and exception justification, s The Standard Contract Form Instructions and Contractor (	The state of the s	scope and budget)	t
into this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions	on): Commonwealth	Terms and Conditions Commonwealth Terms and Conditions	ons For Human and Social
COMPENSATION: (Check ONE option): The Department cert			
in the state accounting system by sufficient appropriations or c		nds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms are	
✓ Maximum Obligation Contract. Enter total maximum oblig			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contract identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days % PPD; Payment issued within			% PPD; Payment issued within 30
days% PPD. If PPD percentages are left blank, identify re			MG.L. c. 29, § 23A); only initial
payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)  BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the			
municipalities of the Commonwealth, as appropriated in the Ch	apter 227 of the Acts of 20	20. The award amount is determined by a census-based allo	cation of available grant funging.
The performance period for this award is 7/1/20-6/30/21. The m how these grant funds were applied. All approved obligations is			
to be part of this agreement, are to be funded from the total am	ount awarded under this a	greement. This contract, once executed by both parties, will b	
maximum obligation of this contract. COAs are responsible for			Contract obligations:
ANTICIPATED START DATE: (Complete ONE option only) T		가는데, 이러 그는 이번, 아이를 다른 아름이 되었다는데 하는데 되는데 되는데 하는데 하는데 하는데 하는데 이 이번 때문에 가입니다. 그렇게 모하는데 없어.	ontract obligations.
	the Effective Date below	wand no obligations have been incurred prior to the Effective	e Date.
✓ 3. were incurred as of <u>JULY 1</u> , 20 20 , a date PRIOR to	he Effective Date below,	and the parties agree that payments for any obligations incu	rred prior to the Effective Date are
		ent payments, and that the details and circumstances of all o eases the Commonwealth from further daims related to these	
CONTRACT END DATE: Contract performance shall termin			
amended, provided that the terms of this Contract and perform	mance expectations and	obligations shall survive its termination for the purpose of	resolving any claimor dispute, for
completing any negotiated terms and warranties, to allow any		AND THE REPORT OF THE PROPERTY	Same and the same
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 specific	ed above, subject to any required
approvals. The Contractor certifies that they have accesse			
certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjudocumentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing			in Massachusetts are attached or
incorporated by reference herein according to the following his Standard Contract Form Instructions and Contractor Certificati			
by a Department as unacceptable, and additional negotiate			
Contractor's Response only if made using the process outlined	d in 801 CMR 21.07, in co	porated berein, provided that any amended RFR or Respon	se terms result in best value, lower
costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	, ,	AUTHORIZING SIGNATURE FOR THE COMMONWEA	ITH:
1111111	3/2 2'	Teach ( en and	5-26-21
X: Date:	of Signature)	(Signature and Date Must Be Handwritten)	At Time of Signature)
Print Name: RANDOUCH WALKER		Print Name: KCAGY , ONNE	2/W
Print Title: Chack Secret 13A of		Print Title:	Accountin
•		and Cou	tosetini)

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

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

https://www.macomptroller.org/forms. Tolling are also posted at	OOD 1 OITHS. Https://www.	illass.govilistarosu-torritis.		
CONTRACTOR LEGAL NAME: CITY OF NEWBURYPORT (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): PO BOX 550 NEWBURYPORT, MA 01950-0650		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: Paula Burke	Phone: 978-462-8650	Billing Address (if different):		
E-Mail: pburke@cityofnewburyport.com	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192119		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COANEWBURYPORT00	1441 011 121 0000	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	40C-4040L-57550	
			VIII TO THE TOTAL THE TOTAL TO THE TOTAL TOT	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	CONTRACT AMEND 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, score	e, budget)	Contract Employee (Attach any updates to scope or b		
Other Procurement Exception (Attach authorizing languag specific exemption or earmark, and exception justification, so	cope and budget)	Other Procurement Exception (Attach authorizing lar scope and budget)	W	
The Standard Contract Form Instructions and Contractor C into this Contract and are legally binding: (Check ONE option Services Commonwealth IT Terms and Conditions	ertifications and the fol n): Commonwealth T	lowing Commonwealth Terms and Conditions documen erms and Conditions <u>✓</u> Commonwealth Terms and Condition	t are incorporated by reference ons For Human and Social	
COMPENSATION: (Check ONE option): The Department certifin the state accounting system by sufficient appropriations or ofRate 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		the state of the s		
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	Payment issued within 1: agree to standard 45	5 days % PPD; Payment issued within 20 days % PF day cycle statutory/legal or Ready Payments (M.G.L. c.	PD; Payment issued within 30 days	
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or R municipalities of the Commonwealth, as appropriated in the Cha The performance period for this award is 7/1/20-6/30/21. The m how these grant funds were applied. All approved obligations in to be part of this agreement, are to be funded from the total amo maximum obligation of this contract. COAs are responsible for re ANTICIPATED START DATE: (Complete ONE option only) Til	pter 227 of the Acts of 20 unicipality certifies that th curred prior to the effectiv unt awarded under this ag eturning this executed con ne Department and Contr	20. The award amount is determined by a census-based allo e funds will be used for COA activities, and will complete a fie date of this agreement (for which payment obligations have greement. This contract, once executed by both parties, will b tract by no later than June 30, 2021. actor certify for this Contract, or Contract Amendment, that 0	cation of available grant funding. inal fiscal report accounting for been triggered) and are intended the treated as the sole invoice for the	
1. may be incurred as of the Effective Date (latest signature				
	ne Effective Date below, s authorized reimbursement		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 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 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 a 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 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:	of Signature)	X:	At Time of Signature)	

4.11

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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 NORTH BROOKFIELD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 185 N MAIN ST NORTH BROOKFIELD, MA 01535-1531		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: Sharon K. Donovan	Phone: 508-867-0220	Billing Address (if different):	
E-Mail: coadirector@northbrookfield.net	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191913		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COANORTHBROOKFIE	
(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	only)	Enter Current Contract End Date Prior to Amendment:	
Statewide Contract (OSD or an OSD-designated Department	(100m)=18)	Enter Amendment Amount: \$ (or "no change")	
Collective Purchase (Attach OSD approval, scope, budget)		AMENDMENT TYPE: (Check one option only. Attach de	Control of the Contro
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	cope, budget)	Interim Contract (Attach justification for Interim Contra	
Contract Employee (Attach Employment Status Form, scop		Contract Employee (Attach any updates to scope or bu Other Procurement Exception (Attach authorizing lan	
Other Procurement Exception (Attach authorizing language specific exemption or earmark, and exception justification, so		scope and budget)	guage/justification and apacted
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	ies that payments for auti	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 fund	ds, subject to intercept for Commonwealth owed debts under	r 815 CMR 9.00.
<ul> <li>Rate Contract. (No Maximum Obligation) Attach details of</li> <li>Maximum Obligation Contract. Enter total maximum oblig</li> </ul>			
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.	
(subsequent payments scheduled to support standard EFT 45 of			Councile on Anima of the
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or R municipalities of the Commonwealth, as appropriated in the Cha			
The performance period for this award is 7/1/20-6/30/21. The m	unicipality certifies that the	e funds will be used for COA activities, and will complete a fir	nal fiscal report accounting for
how these grant funds were applied. All approved obligations in to be part of this agreement, are to be funded from the total amo			
maximum obligation of this contract. COAs are responsible for re			s treated as the sole invoice for the
ANTICIPATED START DATE: (Complete ONE option only) The			contract obligations:
1. may be incurred as of the Effective Date (latest signature			
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 authorized to be made either as settlement payments or a attached and incorporated into this Contract. Acceptance	s authorized reimburseme	and the parties agree that payments for any obligations incurent payments, and that the details and circumstances of all oases 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			
CERTIFICATIONS: Notwithstanding verbal or other represent		ali anno de la companio de la compa	AT THE RESIDENCE OF THE PARTY O
Amendment has been executed by an authorized signatory of			
approvals. The Contractor certifies that they have accessed and	d reviewed all documents	incorporated by reference as electronically published and the	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 precedent			
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			
Contract.	p.sridod blut d	/ September 100 to the first failure, to	
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	111,01	AUTHORIZING SIGNATURE FOR THE COMMONWEA	LTH:
X: Maron K. Wonovaw. Date:	1.0.01	X: # SO ON DAY Dat	10:5 20 2/ /
(Signature and Date Must Be Handwritten At Time	of Signature)	(Signature and Date Must Be Handwritten A	t Time of Signature)
Print Name: SNAVON K. DONOVAN.		Print Name: KC994 CONNES	TY and N
Print Title: Director COH.	1	Print Title:	I country!
		and Contra	SteW -

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https://www.macomptroller.org/forms. Forms are also posted at	JSD Forms: https://www.	mass.gov/lists/osd-forms.			
CONTRACTOR LEGAL NAME: CITY OF NORTHAMPTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:			
Legal Address: (W-9, W-4): 210 MAIN ST NORTHAMPTON, MA 01060-3196		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108			
Contract Manager: MARIE WESTBURG	Phone: 413-587-1228	Billing Address (if different):			
E-Mail: mwestburg@northamptonma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419		
Contractor Vendor Code: VC6000192124		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368		
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COANORTHAMPTON00			
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_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 Departme	ent)	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	and a management of the control of t		
Notice or RFR, and Response or other procurement support		Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contra	17 17 17 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Emergency Contract (Attach justification for emergency, so Contract Employee (Attach Employment Status Form, scop	AND THE PERSON NAMED OF TH	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	Trees on the State of the State	scope and budget)			
The Standard Contract Form Instructions and Contractor C into this Contract and are legally binding: (Check ONE option Services Commonwealth IT Terms and Conditions	ertifications and the fol n): Commonwealth T	lowing Commonwealth Terms and Conditions document erms and Conditions ✓ Commonwealth Terms and Conditio	are incorporated by reference ns For Human and Social		
COMPENSATION: (Check ONE option): The Department certif	ies that payments for auti	horized performance accepted in accordance with the terms	of this Contract will be supported		
in the state accounting system by sufficient appropriations or ot Rate Contract. (No Maximum Obligation) Attach details of	her non-appropriated tuni 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	r 815 CMR 9.00. being amended.)		
✓ 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	Payment issued within 15 <a href="mailto:25px agree"></a>	5 days % PPD; Payment issued within 20 days % PP days cycle statutory/legal or Ready Payments (M.G.L. c.	D; Payment issued within 30 days		
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or R municipalities of the Commonwealth, as appropriated in the Cha The performance period for this award is 7/1/20-6/30/21. The m how these grant funds were applied. All approved obligations in to be part of this agreement, are to be funded from the total amo maximum obligation of this contract. COAs are responsible for re-	pter 227 of the Acts of 20, unicipality certifies that th curred prior to the effectiv unt awarded under this aç eturning this executed con	20. The award amount is determined by a census-based alloce funds will be used for COA activities, and will complete a fire date of this agreement (for which payment obligations have greement. This contract, once executed by both parties, will be tract by no later than June 30, 2021.	cation of available grant funding. nal fiscal report accounting for been triggered) and are intended e treated as the sole invoice for the		
ANTICIPATED START DATE: (Complete ONE option only) The 1. may be incurred as of the Effective Date (latest signature			Contract obligations:		
nay be incurred as of the Effective Date (latest signature, 20, a date LATER than	the Effective Date below	and no obligations have been incurred prior to the Effective	e 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	ne Effective Date below, a s authorized reimburseme		red prior to the Effective Date are bligations 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 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 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 a 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 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:	1502/11/20	X: Da Da	te: 5-19-21		
(Signature and Date Must Be Handwritten At Time	of Signature)	(Signature and Date Must Be Handwritten A	At Time of Signature)		
Print Title: MAYAZ		Print Title:	The same of the		
		and Contro	veting.		



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

Tomo die die pested at CCD Tomo: https://www.maco.gov/iloa	rood formo.		
CONTRACTOR LEGAL NAME: TOWN OF OXFORD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 181 MAIN ST  OXFORD, MA 01540-2352		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: LAURA WILSON Phone: 508-987-6000		Billing Address (if different):	
E-Mail: lwilson@oxfordma.us	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191932	T UA.	E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAOXFORD0000000	Taki Oli Tai Good
(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			
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment:, 20	
Statewide Contract (OSD or an OSD-designated Departme		Enter Amendment Amount: \$ (or "no change")	
Collective Purchase (Attach OSD approval, scope, budget)	· ·	AMENDMENT TYPE: (Check one option only. Attach de	etails of amendment changes.)
Department Procurement (includes all Grants - 815 CMR 2		Amendment to Date, Scope or Budget (Attach update	
Notice or RFR, and Response or other procurement suppo <u>Emergency Contract</u> (Attach justification for emergency, so		Interim Contract (Attach justification for Interim Contra	
Contract Employee (Attach Employment Status Form, score	e, budget)	Contract Employee (Attach any updates to scope or b	
Other Procurement Exception (Attach authorizing languag specific exemption or earmark, and exception justification, so		Other Procurement Exception (Attach authorizing lan scope and budget)	guage/justification and updated
The Standard Contract Form Instructions and Contractor C into this Contract and are legally binding: (Check ONE option ServicesCommonwealth 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	her non-appropriated fun-	ds, subject to intercept for Commonwealth owed debts under	r 815 CMR 9.00.
✓ Maximum Obligation Contract. Enter total maximum oblig	ation for total duration of	this contract (or <i>new</i> total if Contract is being amended). \$ 2	28,932.00.
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason:agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)  BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant funding.			
The performance period for this award is 7/1/20-6/30/21. The municipality certifies that the funds will be used for COA activities, and will complete a final fiscal report accounting for how these grant funds were applied. All approved obligations incurred prior to the effective date of this agreement (for which payment obligations have been triggered) and are intended to be part of this agreement, are to be funded from the total amount awarded under this agreement. This contract, once executed by both parties, will be treated as the sole invoice for the maximum obligation of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021.			
ANTICIPATED START DATE: (Complete ONE option only) Ti	ne Department and Contra	actor certify for this Contract, or Contract Amendment, that C	Contract obligations:
1. may be incurred as of the Effective Date (latest signature date below) and <u>no</u> obligations have been incurred <u>prior</u> to the Effective Date.			
	ne Effective Date below, a s authorized reimburseme		red prior to the Effective Date are bligations 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 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 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:    Date:			
Print Name: Town For Callahan.		Print Name: Rendy Connec	Lesountine

O:NO

and Contracting



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The are are posted at one to the imposition and only of the area.			
CONTRACTOR LEGAL NAME: TOWN OF PEMBROKE and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
egal Address: (W-9, W-4): 100 CENTER ST PEMBROKE, MA 02359-2207		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: GRETCHEN EMMETTS	Phone: 781-294-8220	Billing Address (if different):	
E-Mail: gemmetts@townofpemprokemass.org	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191938		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
/endor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAPEMBROKE00000	
Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-104	40C-10401 -57550
Y NEW CONTRACT			
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only)		CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment:, 20	
Statewide Contract (OSD or an OSD-designated Departme		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 suppor		Amendment to Date, Scope or Budget (Attach update	The state of the s
Emergency Contract (Attach justification for emergency, so		Interim Contract (Attach justification for Interim Contract	
Contract Employee (Attach Employment Status Form, scop		Contract Employee (Attach any updates to scope or bu Other Procurement Exception (Attach authorizing language)	
<ul> <li>Other Procurement Exception (Attach authorizing language specific exemption or earmark, and exception justification, so</li> </ul>		scope and budget)	guage/justilication and updated
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	lowing Commonwealth Terms and Conditions document ferms and Conditions ✓ Commonwealth Terms and Condition	are incorporated by reference ns For Human and Social
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)  Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended). \$ 36,156.00.			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: _✓ agree to standard 45 day 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 income to be part of this agreement, are to be funded from the total amount of the control of t			
maximum obligation of this contract. COAs are responsible for re	THE RESIDENCE OF THE RE		
ANTICIPATED START DATE: (Complete ONE option only) Th			ontract obligations:
1. may be incurred as of the Effective Date (latest signature of, and, a date LATER than, and, and			Date
3. were incurred as of <u>JULY 1</u> , 20 <u>20</u> , a date PRIOR to the authorized to be made either as settlement payments or as	e Effective Date below, a authorized reimburseme	and the parties agree that payments for any obligations incurr	red prior to the Effective Date are bligations under this Contract are
CONTRACT END DATE: Contract performance shall terminate provided that the terms of this Contract and performance expec negotiated terms and warranties, to allow any close out or trans	tations and obligations s	hall survive its termination for the purpose of resolving any cl	aim or dispute, for completing any
CERTIFICATIONS: Notwithstanding verbal or other represents 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 Corupon request to support compliance, and agrees that all terms gherein according to the following hierarchy of document precedinstructions and Contractor Certifications, the Request for Resunacceptable, and additional negotiated terms, provided that ad made using the process outlined in 801 CMR 21.07, incorporate Contract.  AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	the Contractor, the Depa reviewed all documents stractor Certifications und poverning performance of ence, the applicable Cor sponse (RFR) or other s ditional negotiated terms	Intriment, or a later Contract or Amendment Start Date specifically published and the ler the pains and penalties of perjury, and further agrees to profit this Contract and doing business in Massachusetts are attain monwealth Terms and Conditions, this Standard Contract Folicitation, the Contractor's Response (excluding any languatil take precedence over the relevant terms in the RFR and	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
Mallal Ideal water	260/2521	AUTHORIZING SIGNATURE FOR THE COMMONWEAL	احد ٢"
X; Charles And Date Must Be Handwritten At Time.  Print Name: Charles F. W. M. Charles F. W. W. Charles F. W. W	of Signature)	X: Date:  (Signature and Date Must Be Handwritten At Time of Signature)  Print Name:	
Print Name: Print Title:		Print Title: Print	

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

https://www.mass.gov/lists/csrt.forms.

hillps://www.macomptroller.org/forms. Forms are also posted at			one required to access	published folins at GTK Folins.
CONTRACTOR LEGAL NAME: TOWN OF PERU		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS		
(and d/bla):		MMARS Department Code:		
Legal Address: (W-9, W-4): P.O. Box 516 PERU, MA 01235-9513		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: Luanne Forgea	Phone: 413-446-9628	Billing Address (if differen	t):	
E-Mail: coa@townofperuma.com	Fax:	Contract Manager: STACE	Y ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191940		E-Mail: STACEY.OCONNE	LL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"); AD_001.		MMARS Doc ID(s): FY21COAPERU00000000		
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other	ID Number: BD-21-1040-10	40C-1040L-57550
X NEW CONTRACT			CONTRACT AMEND	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End	Date Prior to Amendment:	, 20
Statewide Contract (OSD or an OSD-designated Department)  Collective Purchase (Altach OSD approval, scope, budget)  Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation)  Emergoncy Contract (Attach justification for emergency, scope, budget)  Contract Employee (Attach Employment Status Form, scope, budget)  Other Procurement Exception (Attach authorizing language, logislation with specific exemption or earmark, and exception justification, scope and budget)		Enter Amendment Amount: \$ (or "no change")  AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)  _Amendment to Date, Scope or Budget (Attach updated scope and budget)  _Interim Contract (Attach justification for Interim Contract and updated scope/budget)  _Contract Employee (Attach any updates to scope or budget)  _Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)		
The Standard Contract Form Instructions and Contractor C into this Contract and are legally binding: (Check ONE option Services Commonwealth IT Terms and Conditions				
COMPENSATION: (Check ONE option): The Department certif 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	her non-appropriated fun all rates, units, calculation	ds, subject to intercept for Com ns, conditions or terms and any	monwealth owed debts under changes if rates or terms are	r 815 CMR 9.00. e being amended.)
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pay a PPD as follows: Payment issued within 10 days% PPD; % PPD. If PPD percentages are fell blank, tidentify reason  subsequent payments selectured to support standard EFT 45 of	Payment issued within 1 Lagree to standard 45 lagrowment evole. See F	5 days % PPD: Paymont is day cycle statutory/legal or Prompt Pay Discounts Policy /	sued within 20 days % PP r Ready Payments (M.G.L. c.	D; Payment issued within 30 days 29, § 23A);only initial payment
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or R municipalities of the Commonwealth, as appropriated in the Chain The performance period for his award is 7/1/20-6/30/21. The mow these grant funds were applied. All approved obligations into be part of this agreement, are to be funded from the total amor maximum obligation of this contract. COAs are appreciately for re-	oter 227 of the Acts of 20 unicipality certifies that th curred prior to the effectiv unt awarded under this ac	20. The award amount is determent funds will be used for COA are date of this agreement (for whore ement. This contract, once expressed.	mined by a census-based affor clivities, and will complete a fi hich payment obligations have executed by both parties, will b	cation of available grant funding. inal fiscal report accounting for been triggered) and are intended
ANTICIPATED START DATE: (Complete ONE option only) Th	e Department and Contr	actor certify for this Contract, o	r Contract Amendment, that (	Contract obligations:
1 may be incurred as of the Effective Date (latest signature	date below) and <u>no</u> oblig	ations have been incurred prior	r to the Effective Date.	
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 transcribed to be made either as settlement payments or as attached and incorporated into this Contract Acceptance.	authorized reimburseme	ent payments, and that the deta	ails and circumstances of all c	obligations under this Contract are
CONTRACT END DATE: Contract performance shall terminate provided that the terms of this Contract and performance expected terms and warranties, to allow any close out or trans	tations and obligations s	hall survive its termination for t	he purpose of resolving any o	daim or dispute, for completing any
CERTIFICATIONS: Notwithstanding verbal or other represents 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 Corupon request to support compliance, and agrees that all terms therein according to the following hierarchy of document preced instructions and Contractor Certifications, the Request for Resunacceptable, and additional negotiated terms, provided that admade using the process outlined in 801 CMR 21.07, incorporate Contract.  AUT/IORIZING SIGNATURE FOR THE CONTRACTOR:	the Contractor, the Department of the Contractor Certifications undoverning performance of ence, the applicable Corponse (RFR) or other siditional negotiated terms at herein, provided that a	urtment, or a later Contract or incorporated by reference as eleter the pains and penalties of pit fithis Contract and doing business and Conditionities of the Contractor's Recording the Contractor's Rewill take precedence over the	Amendment Start Date specil lectronically published and the erjury, and further agrees to p eas in Massachusetts are atti- tions, this Standard Contract asponse (excluding any langurelevant terms in the RFR and e terms result in best value, lo	fied above, subject to any required a Contractor makes all certifications provide any required documentation ached or incorporated by reference Form, the Standard Contract Form usge stricken by a Department as d the Contractor's Response only if ower costs, or a more cost effective
X: Signature and Date Must Be Handwritten At Time of Print Name: Vernan bunch Print Title: Chair Peru Selectboard	of Signature)	Print Name: Print Title:	Date Must Be Handwritten	At Time of Signature)
		and	Contra	tine

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(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.

COMMONWEALTH DEPARTMENT NAME: EXECUTIVE MMARS Department Code:  Business Mailing Address: 1 ASHBURTON PL BOST Billing Address (if different):  Contract Manager: STACEY ANNE OCONNELL  E-Mail: STACEY.OCONNELL@MASS.GOV  MMARS Doc ID(s): FY21COAPHILLIPSTON00  RFR/Procurement or Other ID Number: BD-21-1040-10  CONTRACT AMEND Enter Current Contract End Date Prior to Amendment: Enter Amendment Amount: \$	Phone: 617-222-7419 Fax: 617-727-9368  40C-1040L-57550  MENT, 20  etails of amendment changes.) ect and updated scope/budget) udget) udget) udget) udget, udget		
Billing Address (if different):  Contract Manager: STACEY ANNE OCONNELL  E-Mail: STACEY.OCONNELL@MASS.GOV  MMARS Doc ID(s): FY21COAPHILLIPSTON00  RFR/Procurement or Other ID Number: BD-21-1040-10	Phone: 617-222-7419  Fax: 617-727-9368  40C-1040L-57550  MENT, 20  ) etails of amendment changes.) ed scope and budget) and updated scope/budget) and updated scope/budget) udget) uguage/justification and updated at are incorporated by reference are For Human and Social  of this Contract will be supported at 815 CMR 9.00. being amended.) 6,000.00.		
Contract Manager: STACEY ANNE OCONNELL  E-Mail: STACEY.OCONNELL@MASS.GOV  MMARS Doc ID(s): FY21COAPHILLIPSTON00  RFR/Procurement or Other ID Number: BD-21-1040-10	Fax: 617-727-9368  40C-1040L-57550  MENT, 20  etails of amendment changes.) ed scope and budget) act and updated scope/budget) udget) guage/justification and updated tare incorporated by reference ens For Human and Social  of this Contract will be supported et 815 CMR 9.00. being amended.) 6,000.00.		
E-Mail: STACEY.OCONNELL@MASS.GOV  MMARS Doc ID(s): FY21COAPHILLIPSTON00  RFR/Procurement or Other ID Number: BD-21-1040-10 CONTRACT AMENDI Enter Current Contract End Date Prior to Amendment: Enter Amendment Amount: \$ (or "no change" AMENDMENT TYPE: (Check one option only. Attach dAmendment to Date, Scope or Budget (Attach updatInterim Contract (Attach justification for Interim ContractContract Employee (Attach any updates to scope or bOther Procurement Exception (Attach authorizing lan scope and budget)  lowing Commonwealth Terms and Conditions document erms and ConditionsCommonwealth Terms and Conditions  storized performance accepted in accordance with the terms despited to intercept for Commonwealth owed debts under its, conditions or terms and any changes if rates or terms are this contract (or new total if Contract is being amended). \$ _6	Fax: 617-727-9368  40C-1040L-57550  MENT, 20  etails of amendment changes.) ed scope and budget) act and updated scope/budget) udget) guage/justification and updated tare incorporated by reference ens For Human and Social  of this Contract will be supported et 815 CMR 9.00. being amended.) 6,000.00.		
E-Mail: STACEY.OCONNELL@MASS.GOV  MMARS Doc ID(s): FY21COAPHILLIPSTON00  RFR/Procurement or Other ID Number: BD-21-1040-10 CONTRACT AMENDI Enter Current Contract End Date Prior to Amendment: Enter Amendment Amount: \$ (or "no change" AMENDMENT TYPE: (Check one option only. Attach dAmendment to Date, Scope or Budget (Attach updatInterim Contract (Attach justification for Interim ContractContract Employee (Attach any updates to scope or bOther Procurement Exception (Attach authorizing lan scope and budget)  lowing Commonwealth Terms and Conditions document erms and ConditionsCommonwealth Terms and Conditions  storized performance accepted in accordance with the terms despited to intercept for Commonwealth owed debts under its, conditions or terms and any changes if rates or terms are this contract (or new total if Contract is being amended). \$ _6	### AUC-1040L-57550  ### MENT		
MMARS Doc ID(s): FY21COAPHILLIPSTON00  RFR/Procurement or Other ID Number: BD-21-1040-10	mENT, 20  ") etails of amendment changes.) ed scope and budget) act and updated scope/budget) udget) guage/justification and updated  t are incorporated by reference as For Human and Social  of this Contract will be supported at 815 CMR 9.00. being amended.) 6,000.00.		
RFR/Procurement or Other ID Number: BD-21-1040-10	mENT, 20  ") etails of amendment changes.) ed scope and budget) act and updated scope/budget) udget) guage/justification and updated  t are incorporated by reference as For Human and Social  of this Contract will be supported at 815 CMR 9.00. being amended.) 6,000.00.		
— CONTRACT AMEND  Enter Current Contract End Date <u>Prior</u> to Amendment:  Enter Amendment Amount: \$	mENT, 20  ") etails of amendment changes.) ed scope and budget) act and updated scope/budget) udget) guage/justification and updated  t are incorporated by reference as For Human and Social  of this Contract will be supported at 815 CMR 9.00. being amended.) 6,000.00.		
Enter Current Contract End Date Prior to Amendment: Enter Amendment Amount: \$	etails of amendment changes.) ed scope and budget) act and updated scope/budget) udget) uguage/justification and updated t are incorporated by reference ans For Human and Social of this Contract will be supported 8 15 CMR 9.00. being amended.) 6,000.00.		
Enter Amendment Amount: \$	etails of amendment changes.) ed scope and budget) act and updated scope/budget) udget) uguage/justification and updated t are incorporated by reference ans For Human and Social of this Contract will be supported r 815 CMR 9.00. being amended.) j.000.00.		
Amendment to Date, Scope or Budget (Altach updat Interim Contract (Attach justification for Interim Contrac Contract Employee (Altach any updates to scope or b Other Procurement Exception (Attach authorizing lan scope and budget)  lowing Commonwealth Terms and Conditions document erms and Conditions ✓ Commonwealth Terms and Condition norized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts under is, conditions or terms and any changes if rates or terms are this contract (or new total if Contract is being amended). \$ 6 EFT 45 days from invoice receipt. Contractors requesting are id days % PPD; Payment issued within 20 days % PP	ed scope and budget) act and updated scope/budget) udget) uguage/justification and updated t are incorporated by reference ans For Human and Social of this Contract will be supported 8 15 CMR 9.00. being amended.) 6,000.00.		
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Contract Employee (Attach any updates to scope or b  Other Procurement Exception (Attach authorizing lan scope and budget)  lowing Commonwealth Terms and Conditions document erms and Conditions ✓ Commonwealth Terms and Condition norized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts under is, conditions or terms and any changes if rates or terms are this contract (or new total if Contract is being amended). \$ _6  EFT 45 days from invoice receipt. Contractors requesting are id days % PPD; Payment issued within 20 days % PP	udget) guage/justification and updated t are incorporated by reference ins For Human and Social of this Contract will be supported 8 15 CMR 9.00. being amended.) 6,000.00.		
Other Procurement Exception (Attach authorizing lan scope and budget)  lowing Commonwealth Terms and Conditions document erms and Conditions ✓ Commonwealth Terms and Condition or contract performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts under its, conditions or terms and any changes if rates or terms are this contract (or new total if Contract is being amended). \$ _6	t are incorporated by reference on Service of this Contract will be supported to 815 CMR 9.00. being amended.)		
scope and budget)  lowing Commonwealth Terms and Conditions document erms and Conditions \( \subseteq \) Commonwealth Terms and Condition onized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts under is, conditions or terms and any changes if rates or terms are this contract (or new total if Contract is being amended). \( \frac{1}{2} \) depth (EFT 45 days from invoice receipt. Contractors requesting and days \( \subseteq \) PPD; Payment issued within 20 days \( \subseteq \) % PPD;	t are incorporated by reference ins For Human and Social of this Contract will be supported r 815 CMR 9.00. being amended.) 0,000.00.		
erms and Conditions Commonwealth Terms and Condition or contract performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts under is, conditions or terms and any changes if rates or terms are this contract (or new total if Contract is being amended). \$ 6 PET 45 days from invoice receipt. Contractors requesting a days _ % PPD; Payment issued within 20 days _ % PPD.	of this Contract will be supported 815 CMR 9.00. being amended.)		
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EFT 45 days from invoice receipt. Contractors requesting as days % PPD; Payment issued within 20 days % PP			
days _ % PPD; Payment issued within 20 days _ % PP	ccelerated payments must identify		
rompt 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.			
actor certify for this Contract, or Contract Amendment, that C	ontract obligations:		
	() 		
3. were incurred as of <u>JULY 1</u> , 20 20 , a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.			
CONTRACT END DATE: Contract performance shall terminate as 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.			
"Effective Date" of this Contract or Amendment shall be the threent, or a later Contract or Amendment Start Date specific moorporated by reference as electronically published and the er the pains and penellies of perjury, and further agrees to present this Contract and doing business in Massachusetts are attainnonwealth Terms and Conditions, this Standard Contract Folicitation, the Contractor's Response (excluding any languarily take precedence over the relevant terms in the RFR and my amended RFR or Response terms result in best value, for AUTHORIZING SIGNATURE FOR THE COMMONWEA X:  (Bignature and Date Must Be Hardwritten A Print Name:	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		
	NT: This contract is to distribute a formula grant award to the 10. The award amount is determined by a census-based alloce in unds will be used for COA activities, and will complete a file of the office of this agreement (for which payment obligations have reement. This contract, once executed by both parties, will be ract by no later than June 30, 2021.  Incording the parties of this contract, or Contract Amendment, that Countries are the properties of the Effective Date.  In and no obligations have been incurred prior to the Effective and no obligations have been incurred prior to the Effective of the parties agree that payments for any obligations incurred payments, and that the details and circumstances of all of ses the Commonwealth from further claims related to these with no new obligations being incurred after this date unless hall survive its termination for the purpose of resolving any clang, invoicing or final payments, or during any lapse between "Effective Date" of this Contract or Amendment shall be the timent, or a later Contract or Amendment Start Date specific the pains and penalties of perjury, and further agrees to put its Contract and doing business in Massachusetts are atta amonwealth Terms and Conditions, this Standard Contract is oblicitation, the Contractor's Response (excluding any langual will take precedence over the relevant terms in the RFR and my amended RFR or Response terms result in best value, to AUTHORIZING SIGNATURE FOR THE COMMONWEA X:    Dat   Contract   Contract		

6.

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.niaconipironer.org/lonns, Forms are also posted at	Www.remin.amor deo	mass.govinsis/osu-ioms.		
CONTRACTOR LEGAL NAME: CITY OF PITTSFIELD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 70 ALLEN ST PITTSFIELD, MA 01201-6250		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: JIM CLARK	t Manager: JIM CLARK Phone: 413-499-9346 Billing Address (if different):			
E-Mail: jclark@pittsfieldch.com	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192128		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAPITTSFIELD000		
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	140C-1040L-57550	
X NEW CONTRACT		CONTRACT AMENDI	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 d		
Notice or RFR, and Response or other procurement supply		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for emergency, s		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status Form, scop ✓ Other Procurement Exception (Attach authorizing language		Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception justification, s		scope and budget)		
The Standard Contract Form Instructions and Contractor ( into this Contract and are legally binding: (Check ONE opti- Services Commonwealth IT Terms and Conditions				
COMPENSATION: (Check ONE option): The Department certi	fies that payments for au	thorized performance accepted in accordance with the terms	of this Contract will be supported	
in the state accounting system by sufficient appropriations or o				
Rate Contract. (No Maximum Obligation) Attach details of	all rates, units, calculation of	ns, conditions or terms and any changes it rates or terms are this contract (or new total if Contract is being amended). \$ 1	28.076.00	
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 re	ason: 🗸 agree to star	idard 45 day cycle statutory/legal or Ready Payments (N	AG.L. c. 29, § 23A); only initial	
payment (subsequent payments scheduled to support standa BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or R	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN		Councils on Aging of the	
municipalities of the Commonwealth, as appropriated in the Cha	pter 227 of the Acts of 20	20. The award amount is determined by a census-based allow	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	eturning this executed cor	stract by no later than June 30, 2021.		
ANTICIPATED START DATE: (Complete ONE option only) To		and the second s	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 below) and <u>no</u> oblig	ations have been incurred <u>prior</u> to the Effective Date.	Data	
3. were incurred as of <u>JULY 1</u> , 20 20 , a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are				
		ases the Commonwealth from further claims related to these		
CONTRACT END DATE: Contract performance shall termina				
amended, provided that the terms of this Contract and perform completing any negotiated terms and warranties, to allow any of				
CERTIFICATIONS: Notwithstanding verbal or other representa				
Amendment has been executed by an authorized signatory of the				
approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all				
certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or				
incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, he				
Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken				
by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower				
costs, or a more cost effective Contract.		$\wedge$		
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	1 1 1	AUTHORIZING SIGNATURE FOR THE COMMONWEAL	.TH: (6 2 )	
x: 1000 M. JU Bate: 108 01 x: 1000 M. Date: 5-19-01				
(Signature and Date Must Be Handwritten At Time)	of Signáture)	(Signature and Date Must Be Handwritten A	t Time of Signature)	
Print Name: Load M. Tyck . Print Name: Pent Vanne: Print Name: Pri				
Print Title: Mayer O	1	Print Title:	man de la	
0	(Updated 6/30/	(20) Page 1 of 1	willy )	

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

https://www.macomptroller.org/forms. Forms are also posted at 0	OSD Forms: https://www.	mass.gov/lists/osd-forms.	MACCANET REC. TWO TWO THE THEORY OF MACCAN
CONTRACTOR LEGAL NAME: TOWN OF RAYNHAM (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 558 S MAIN ST RAYNHAM, MA 02767-1677		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: ELIZABETH MOURA	Phone: 508-824-2740	Billing Address (if different):	
E-Mail: emoura@town.raynham.ma.us	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191952		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COARAYNHAM000000	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-104	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 specific exemption or earmark, and exception justification, scope and budget)		CONTRACT AMENDMENT  Enter Current Contract End Date <u>Prior</u> to Amendment:, 20  Enter Amendment Amount: \$ (or "no change")  AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)  Amendment to Date, Scope or Budget (Attach updated scope and budget)  Interim Contract (Attach justification for Interim Contract and updated scope/budget)  Contract Employee (Attach any updates to scope or budget)  Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)	
The Standard Contract Form Instructions and Contractor Cointo this Contract and are legally binding: (Check ONE option Services Commonwealth IT Terms and Conditions			
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended). \$32,844.00.			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pay a PPD as follows: Payment issued within 10 days % PPD; F % PPD. If PPD percentages are left blank, identify reason: (subsequent payments scheduled to support standard EFT 45 d	Payment issued within 15 <a href="mailto:25px agree">2</a> 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 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) Th1. may be incurred as of the Effective Date (latest signature of, 20, a date LATER than 3. were incurred as of, 20, a date PRIOR to the authorized to be made either as settlement payments or as	e Department and Contra date below) and <u>no</u> oblig the Effective Date below e Effective Date below, a authorized reimburseme	actor certify for this Contract, or Contract Amendment, that C ations have been incurred <u>prior</u> to the Effective Date. and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	Date. red prior to the Effective Date are bligations under this Contract are
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 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 any amended RFR or Response 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 Print Name: Group Administrator.	of Signature)	X: Signature and Date Must Be Handwritten A Print Name: Print Title:	e: 6-10 a

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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.mass.gov/lists/osd-forms.

CONTRACTOR LEGAL NAME: TOWN OF READING		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS	
(and d/b/a):		MMARS Department Code:	
Legal Address: (W-9, W-4): 16 LOWELL ST READING, MA 01867-2601		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: Kevin Bohmiller	Phone: 781-942-6658	Billing Address (if different):	
E-Mail: kbohmiller@ci.reading.ma.us	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191953		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAREADING000000	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	40C-1040L-57550
X NEW CONTRACT		CONTRACT AMEND	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date Prior to Amendment:, 20	
Statewide Contract (OSD or an OSD-designated Department		Enter Amendment Amount: \$ (or "no change"	The same are a second as a
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 updat	
Emergency Contract (Attach justification for emergency, so	ope, budget)	Interim Contract (Attach justification for Interim Contra	
Contract Employee (Attach Employment Status Form, scop		Contract Employee (Attach any updates to scope or b Other Procurement Exception (Attach authorizing lan	
✓ Other Procurement Exception (Attach authorizing language specific exemption or earmark, and exception justification, so		scope and budget)	iguagerjustilication and upuated
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	lowing Commonwealth Terms and Conditions document erms and Conditions <u>V</u> Commonwealth Terms and Condition	t are incorporated by reference ons For Human and Social
COMPENSATION: (Check ONE option): The Department certif	es that payments for auti	porized performance accepted in accordance with the terms	of this Contract will be supported
in the state accounting system by sufficient appropriations or ot	ner non-appropriated fund	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 obligation.  ✓ Maximum Obligation Contract.  ✓ Maximum Obligation Cont	ation for total duration of	this contract (or <i>new</i> total if Contract is being amended). \$ _t	<u>59,448.00.</u>
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pay			
a PPD as follows: Payment issued within 10 days% PPD;	<ul> <li>ayment issued within 15</li> <li>agree to standard 45</li> </ul>	days % PPD; Payment issued within 20 days % PP	20; 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.)			
(Subsequent payments scheduled to support standard Er 1 45 t	ay payment cycle. See r	rompt 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	
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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.mass.gov/lists/osd-forms.

mups.//www.macomptroller.org/forms. Forms are also posted at	OSD Follis. https://www.	111055.904/11515/050-1011115.	
CONTRACTOR LEGAL NAME: TOWN OF ROWLEY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): PO BOX 347  ROWLEY, MA 01969-0847		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: Ellie Davis	Phone: 978-948-7637	Billing Address (if different):	
E-Mail: ellie.davis@townofrowley.org>	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191962		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAROWLEY0000000	
(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 AMENI	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		Enter Amendment Amount: \$ (or "no change")	
Collective Purchase (Attach OSD approval, scope, budget Department Procurement (includes all Grants - 815 CMR)		AMENDMENT TYPE: (Check one option only. Attach	
Notice or RFR, and Response or other procurement support	and the state of t	Amendment to Date, Scope or Budget (Attach upd Interim Contract (Attach justification for Interim Cont	
Emergency Contract (Attach justification for emergency, so		_ Contract Employee (Attach any updates to scope or	
Contract Employee (Attach Employment Status Form, sco ✓ Other Procurement Exception (Attach authorizing language)		Other Procurement Exception (Attach authorizing la	
specific exemption or earmark, and exception justification, s		scope and budget)	
The Standard Contract Form Instructions and Contractor C into this Contract and are legally binding: (Check ONE option ServicesCommonwealth IT Terms and Conditions			
COMPENSATION: (Check ONE option): The Department certiin the state accounting system by sufficient appropriations or o Rate Contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum obligation	ther non-appropriated fun all rates, units, calculation	ds, subject to intercept for Commonwealth owed debts unc ns, conditions or terms and any changes if rates or terms a	er 815 CMR 9.00. re being amended.)
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: (subsequent payments scheduled to support standard EFT 45 BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or F municipalities of the Commonwealth, as appropriated in the Cha The performance period for this award is 7/1/20-6/30/21. The n how these grant funds were applied. All approved obligations in to be part of this agreement, are to be funded from the total am maximum obligation of this contract. COAs are responsible for r	Payment issued within 1 agree to standard 45 day payment cycle. See F REASON FOR AMENDM apter 227 of the Acts of 20 nunicipality certifies that the curred prior to the effective bunt awarded under this a	5 days % PPD; Payment issued within 20 days % Food and the properties of the	PD; Payment issued within 30 days c. 29, § 23A); only initial payment he Councils on Aging of the ocation of available grant funding. final fiscal report accounting for we been triggered) and are intended
ANTICIPATED START DATE: (Complete ONE option only) T	191		Contract obligations:
1. may be incurred as of the Effective Date (latest signature	date below) and no oblig	ations have been incurred prior to the Effective Date.	
, 20, a date LATER than		로그램 및 맛있는 <del>( </del>	
3. were incurred as of <u>JULY 1</u> , 20 20 , a date PRIOR to authorized to be made either as settlement payments or a attached and incorporated into this Contract. Acceptance	s authorized reimbursem	and the parties agree that payments for any obligations inc ent payments, and that the details and circumstances of al ases the Commonwealth from further claims related to thes	obligations under this Contract are
CONTRACT END DATE: Contract performance shall terminat provided that the terms of this Contract and performance expenegotiated terms and warranties, to allow any close out or tran	ctations and obligations s	hall survive its termination for the purpose of resolving any	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 prece Instructions and Contractor Certifications, the Request for Reunacceptable, and additional negotiated terms, provided that a made using the process outlined in 801 CMR 21.07, incorporations.  AUTHORIZING SIGNATURE FOR THE CONTRACTOR:  X:  (Signature and Date Must Be Handwritten At Time Print Name;	the Contractor, the Depad reviewed all documents ontractor Certifications ungoverning performance of dence, the applicable Coesponse (RFR) or other additional negotiated terms led herein, provided that a	artment, or a later Contract or Amendment Start Date spe incorporated by reference as electronically published and to the pains and penalties of perjury, and further agrees to fithis Contract and doing business in Massachusetts are a mmonwealth Terms and Conditions, this Standard Contract solicitation, the Contractor's Response (excluding any land will take precedence over the relevant terms in the RFR are any amended RFR or Response terms result in best value,	cified above, subject to any required the Contractor makes all certifications provide any required documentation ttached or incorporated by reference at Form, the Standard Contract Form guage stricken by a Department as not the Contractor's Response only if lower costs, or a more cost effective EALTH:

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