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.

https://www.macomptroller.org/forms. Forms are also posted a	t OSD Forms: https://www	w.mass.gov/lists/osd-forms.	
CONTRACTOR LEGAL NAME: TOWN OF SALISBURY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 5 BEACH RD SALISBURY, MA 01952-2056		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: ELIZABETH PETTIS	Phone: 978-462-2412	Billing Address (if different):	
E-Mail: epettis@salisburyma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191966		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COASALISBURY0000	10 000 10 10 10 10 10 10
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-104	40C-10401 -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	
Department Procurement (includes all Grants - 815 CMR 2 Notice or RFR, and Response or other procurement suppo		Amendment to Date, Scope or Budget (Attach update	
Emergency Contract (Attach justification for emergency, so	ope, budget)	Interim Contract (Attach justification for Interim Contra Contract Employee (Attach any updates to scope or but	
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, so		scope and budget)	,3,
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	815 CMR 9.00.
Rate Contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum oblig	and the same of th		,
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 or			Councils on Asian 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			
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.	
ANTICIPATED START DATE: (Complete ONE option only) Th			ontract obligations:
1. may be incurred as of the Effective Date (latest signature2. may be incurred as of, 20, a date LATER than			Data
✓ 3. were incurred as of <u>JULY 1</u> , 20 <u>20</u> , a date PRIOR to the			
authorized to be made either as settlement payments or a	s authorized reimburseme	ent payments, and that the details and circumstances of all of ases the Commonwealth from further claims related to these	bligations under this Contract are
CONTRACT END DATE: Contract performance shall terminate			
provided that the terms of this Contract and performance expect negotiated terms and warranties, to allow any close out or trans			
<u>CERTIFICATIONS</u> : Notwithstanding verbal or other represent Amendment has been executed by an authorized signatory of			
approvals. The Contractor certifies that they have accessed and	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 precede	ence, the applicable Cor	nmonwealth Terms and Conditions, this Standard Contract F	Form, the Standard Contract Form
Instructions and Contractor Certifications, the Request for Re unacceptable, and additional negotiated terms, provided that ac			
made using the process outlined in 801 CMR 21.07, incorporate			
Contract.		\wedge	
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	-1.01	AUTHORIZING SIGNATURE FOR THE COMMONWEA	LTH:
X: Mell, Stevengt . Date:	1/3/21	X: Dat	
(Signature and Date Must Be Handwritten At Time Print Name: Neil J. Harrington	or Signature)	(\$ignature and Date Must Be Handwritten A	t Time of Signature)
Print Title: Town Manager.		Print Name:	Elpantine
rincine. Town Manager .	ļ	Finit ride.	1 toothing
		and con	11100

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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 SAVOY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4):720 MAIN ST SAVOY, MA 01256-9387		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: GLORIA REUBESMAN	Phone: 413-743-2542	Billing Address (if different):	
E-Mail: coasavoy@gmail.com	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191970		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COASAVOY00000000	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040	-1040C-1040L-57550
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		CONTRACT AMENDMENT Enter Current Contract End Date Prior to Amendment:, 20 Enter Amendment Amount: \$ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) Amendment to Date, Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget) Contract Employee (Attach any updates to scope or budget) Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)	
The Standard Contract Form Instructions and Contractor of into this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions			
COMPENSATION: (Check ONE option): The Department cert in the state accounting system by sufficient appropriations or care Rate Contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum obligation	other non-appropriated fur fall rates, units, calculation	nds, subject to intercept for Commonwealth owed debts upons, conditions or terms and any changes if rates or terms	nder 815 CMR 9.00. are being amended.)
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth paidentify a PPD as follows: Payment issued within 10 days	6 PPD; Payment issued we ason: _√_agree to state and EFT 45 day payment REASON FOR AMENDM apter 227 of the Acts of 20 runicipality certifies that the coursed prior to the effection awarded under this a returning this executed co	within 15 days	% PPD; Payment issued within 30 ts (M.G.L. c. 29, § 23A); only initial of the Councils on Aging of the allocation of available grant funding. a final fiscal report accounting for ave been triggered) and are intended ill be treated as the sole invoice for the
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:			ctive Date. nourred prior to the Effective Date are all obligations under this Contract are
CONTRACT END DATE: Contract performance shall termin amended, provided that the terms of this Contract and performance completing any negotiated terms and warranties, to allow any	mance expectations and	obligations shall survive its termination for the purpose	of resolving any claim or dispute, for
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 Instruction upon request to support compliance, and an incorporated by reference herein according to the following his Standard Contract Form Instructions and Contractor Certification by a Department as unacceptable, and additional negotiate Contractor's Response only if made using the process outlined costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: Date: (Signature and Date Must Be Handwritten At Time Print Name: Print Title: Select Book of Clifch.	the Contractor, the Depad and reviewed all doc uctions and Contractor C grees that all terms goverarchy of document precons, the Request for Resed terms, provided that din 801 CMR 21.07, inco	artment, or a later Contract or Amendment Start Date spe- uments incorporated by reference as electronically put- ertifications under the pains and penalties of perjury, and terning performance of this Contract and doing busine edence, the applicable Commonwealth Terms and Condit- sponse (RFR) or other solicitation, the Contractor's Respon- additional negotiated terms will take precedence over the prorated herein, provided that any amended RFR or Responsations.	cified above, subject to any required blished and the Contractor makes all further agrees to provide any required so in Massachusetts are attached or ions, this Standard Contract Form, he use (excluding any language stricken he relevant terms in the RFR and the ionse terms result in best value, lower IEALTH:

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

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

https://www.macomptroller.org/forms. Forms are also posted a	t OSD Forms: https://www	w.mass.gov/lists/osd-forms.		
CONTRACTOR LEGAL NAME: TOWN OF SHREWSBURY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 100 MAPLE AVE SHREWSBURY, MA 02050-3498		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: HOLLIE T LUCHT	Phone: 508-841-8642	Billing Address (if different):		
E-Mail: hlucht@shrewsburyma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191870		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COASHREWSBURY000		
(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 Departme	2.500	Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scope, budget)	A CONTRACTOR OF THE CONTRACTOR	AMENDMENT TYPE: (Check one option only. Attach de		
Department Procurement (includes all Grants - 815 CMR 2 Notice or RFR, and Response or other procurement suppo		Amendment to Date, Scope or Budget (Attach update		
Emergency Contract (Attach justification for emergency, so		Interim Contract (Attach justification for Interim Contra	the first of the second se	
Contract Employee (Attach Employment Status Form, score	e, budget)	Contract Employee (Attach any updates to scope or b	(E)/1 (F)	
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		, and the state of	are incorporated by reference	
into this Contract and are legally binding: (Check ONE option ServicesCommonwealth IT Terms and Conditions	on): Commonwealth T	erms and Conditions Commonwealth Terms and Conditio	ns For Human and Social	
COMPENSATION: (Check ONE option): The Department certifing the state accounting system by sufficient appropriations or of Rate Contract. (No Maximum Obligation). Attach details of	her non-appropriated fun	ds, subject to intercept for Commonwealth owed debts under	815 CMR 9.00.	
✓ Maximum Obligation Contract. Enter total maximum oblig	5. 인하, 8 호텔 14 발 보기 보면 있는 (prest (pig) 11 Heigh	: [2] [2] - "NOTMO [2] - "DO "TO NOTE MORE ARROYS (2012) "#FE PARTS () #FE PARTS () MODES () #FE PARTS () 제공 () 제공 () 제공	A PROBLEM STATE WAS CONTROL BOOK	
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 % PP of day 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 a eturning this executed cor	20. The award amount is determined by a census-based allot be funds will be used for COA activities, and will complete a five date of this agreement (for which payment obligations have greement. This contract, once executed by both parties, will be 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) Ti			ontract obligations:	
1. may be incurred as of the Effective Date (latest signature2. may be incurred as of, 20, a date LATER than	date below) and <u>no</u> oblig	lations have been incurred <u>prior</u> to the Effective Date.	. Data	
3. were incurred as of <u>JULY 1</u> , 20 20 , a date PRIOR to t authorized to be made either as settlement payments or a	he Effective Date below, s authorized reimbursem		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 expended that the 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 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 documentatio 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:				
AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X:		X: (Signature and Date Must Be Handwritten Print Name: Print Title:	te: 5 26 2	
		Accounting	3	

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nttps://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.	mass.gov/iists/osd-torms.	
CONTRACTOR LEGAL NAME: TOWN OF SHUTESBURY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): PO BOX 2 SHUTESBURY, MA 01072-0002		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: BECKY TORRES	Phone: 413-259-1214	Billing Address (if different):	
E-Mail: townadmin@shutesbury.org	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191981		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COASHUTESBURY000	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	040 C-1040L-57550
X NEW CONTRACT		CONTRACT AMEND	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date Prior to Amendment:	
Statewide Contract (OSD or an OSD-designated Departm	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 supp		Amendment to Date, Scope or Budget (Attach upda Interim Contract (Attach justification for Interim Contra	
Emergency Contract (Attach justification for emergency, s	cope, budget)	Contract Employee (Attach any updates to scope or b	
Contract Employee (Attach Employment Status Form, sco ✓ Other Procurement Exception (Attach authorizing language		Other Procurement Exception (Attach authorizing lai	The state of the s
specific exemption or earmark, and exception justification, s		scope and budget)	
The Standard Contract Form Instructions and Contractor Cinto this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions			
COMPENSATION: (Check ONE option): The Department cert	ifies that payments for au	thorized performance accepted in accordance with the terms	of this Contract will be supported
in the state accounting system by sufficient appropriations or of	other 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			
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PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pa identify a PPD as follows: Payment issued within 10 days9			
days% PPD. If PPD percentages are left blank, identify re	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 BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or F			e Councils on Aging of the
municipalities of the Commonwealth, as appropriated in the Cha	apter 227 of the Acts of 20	20. The award amount is determined by a census-based allo	cation of available grant funding.
The performance period for this award is 7/1/20-6/30/21. The n how these grant funds were applied. All approved obligations in	nunicipality certifies that the	e funds will be used for COA activities, and will complete a f	inal fiscal report accounting for
to be part of this agreement, are to be funded from the total am			
maximum obligation of this contract. COAs are responsible for			
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			e Date.
✓ 3. were incurred as of JULY 1, 20 20 , a date PRIOR to t			
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	
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	close out or transition per	formance, reporting, invoicing or final payments, or during	any lapse between amendments.
CERTIFICATIONS: Notwithstanding verbal or other represent	tations by the parties, the	"Effective Date" of this Contract or Amendment shall be the	he latest date that this Contract or
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			
documentation upon request to support compliance, and a	grees that all terms gove	erning performance of this Contract and doing business	in Massachusetts are attached or
incorporated by reference herein according to the following his Standard Contract Form Instructions and Contractor Certificati			
by a Department as unacceptable, and additional negotiate	ed 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 costs, or a more cost effective Contract.	d in 801 CMR 21.07, inco	porated herein, provided that any amended RFR or Respons	se terms result in best value, lower
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:		AUTHORIZING SIGNATURE FOR THE COMMONWEA	ATH:
Malion Called	2/3/199	to an moral	4-29-21
(Signature and Date Must Be Handwritten At Time	of Signature)	X: Signature and Date Must Be Handwritten	
Print Name: Waliss, Malagood	OWell	Print Name: A CONNEC	14
Print Title: Select-Board Chau	i	Print Title: Troton of A	Egounting
	(Updated 6/30	1/20) Page 1 of 1 and Contrar	Mike)
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https://www.haconphoner.org/lones. Forms are also posted at	OSD FULLS, Hiths JAMAN.	inass.govinsisiosu-ionis.	
CONTRACTOR LEGAL NAME: CITY OF SOMERVILLE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 93 HIGHLAND AVE SOMERVILLE, MA 02143-1740		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: CINDY HICKEY	Phone: 617-625-6600	Billing Address (if different):	
E-Mail: chickey@ci.somerville.ma.us	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000192138		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COASOMERVILLE000	
(Note: The Address ID must be set up for EFT payments.)	^	RFR/Procurement or Other ID Number: BD-21-1040-10	40C-1040L-57550
X NEW CONTRACT		CONTRACT AMEND	
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date Prior to Amendment:	
Statewide Contract (OSD or an OSD-designated Departm	15.5	Enter Amendment Amount: \$, (or "no change"	
Collective Purchase (Attach OSD approval, scope, budge)	AMENDMENT TYPE: (Check one option only. Attach d	The state of the s
Department Procurement (includes all Grants - 815 CMR). Notice or RFR, and Response or other procurement support		Amendment to Date, Scope or Budget (Attach upda	
Emergency Contract (Attach justification for emergency, se	cope, budget)	Interim Contract (Attach justification for Interim Contra Contract Employee (Attach any updates to scope or b	
Contract Employee (Attach Employment Status Form, scop ✓ Other Procurement Exception (Attach authorizing language)		Other Procurement Exception (Attach authorizing lar	
specific exemption or earmark, and exception justification, s		scope and budget)	9-3-9
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 foon): Commonwealth 1	Illowing Commonwealth Terms and Conditions documen Terms and Conditions <u><</u> Commonwealth Terms and Condition	tare incorporated by reference ons For Human and Social
COMPENSATION: (Check ONE option): The Department certification	fies that payments for au	thorized performance accepted in accordance with the terms	of this Contract will be supported
in the state accounting system by sufficient appropriations or o	ther non-appropriated fur	nds, subject to intercept for Commonwealth owed debts unde	r 815 CMR 9.00.
Rate Contract, (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum oblig			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth paidentify a PPD as follows: Payment issued within 10 days%			
days% PPD. If PPD percentages are left blank, identify re	ason: 🗹 agree to star	ndard 45 day cyclestatutory/legal or Ready Payments (I	v.G.L. c. 29, § 23A); only initial
payment (subsequent payments scheduled to support standa	THE RESIDENCE OF THE PARTY OF T		a Caupaila an 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			
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 form			
ANTICIPATED START DATE: (Complete ONE option only) To	the state of the state of the state of	es de la	ontract obligations:
1. may be incurred as of the Effective Date (latest signature			Date
2. may be incurred as of, 20, a date LATER than3, were incurred as of JULY1, 20 20, a date PRIOR to the state of the state	the Effective Date below	v and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	Date.
		ent payments, and that the details and circumstances of all o	
attached and incorporated into this Contract. Acceptance	of payments forever rele	ases the Commonwealth from further claims related to these	obligations.
CONTRACT END DATE: Contract performance shall terminal			
amended, provided that the terms of this Contract and perform			
<u>CERTIFICATIONS</u> : Notwithstanding verbal or other representa- Amendment has been executed by an authorized signatory of t			
approvals. The Contractor certifies that they have accessed	I and reviewed all docu	ments incorporated by reference as electronically publish	hed and the Contractor makes all
certifications required under the Standard Contract FormInstru documentation upon request to support compliance, and ag			
incorporated by reference herein according to the following hie	rarchy of document prece	dence, the applicable Commonwealth Terms and Conditions	s, this Standard Contract Form, the
Standard Contract Form Instructions and Contractor Certification by a Department as unacceptable, and additional negotiate			
Contractor's Response only if made using the process outlined			
costs, or a more cost effective Contract.	0//	\wedge	
AUTHORIZING SIGNATURE FOR THE CONTRACTOR	5/20/29	AUTHORIZING SIGNATURE FOR THE COMMONWEA	LTH:
X: Date:	Ja Ja	X Dat	
(Signature and Date Must Be Handwritten At Time	or signature)	(Signature and Date Must Be Handwritten A	it time of Signature)
Print Title:	MINC	Print Title:	Traunting
YYWOV .	ļ	1 1	1
,		and Conta	acting





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

https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.	mass.gov/lists/osd-forms.	
CONTRACTOR LEGAL NAME: TOWN OF SOUTHAMPTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): PO BOX 397 SOUTHAMPTON, MA 01073-0397		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: JOAN LINNEHAN	Phone: 413-529-2105	Billing Address (if different):	
E-Mail: coadirector@townofsouthampton.org	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191985		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COASOUTHAMPTON00	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-1	040 C-1040L-57550
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option	(only)	CONTRACT AMEND 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	ent)	Enter Amendment Amount: \$ (or "no change AMENDMENT TYPE: (Check one option only. Attach	e")
Department Procurement (includes all Grants - 815 CMR		Amendment to Date, Scope or Budget (Attach upda	
Notice or RFR, and Response or other procurement support		Interim Contract (Attach justification for Interim Contr	A STATE OF THE STA
Emergency Contract (Attach justification for emergency, s Contract Employee (Attach Employment Status Form, sco)	pe, budget)	Contract Employee (Attach any updates to scope or	
Other Procurement Exception (Attach authorizing language specific exemption or earmark, and exception justification, see the content of th	ge, legislation with	Other Procurement Exception (Attach authorizing la scope and budget)	nguage/justification and updated
The Standard Contract Form Instructions and Contractor (into this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions			
COMPENSATION: (Check ONE option): The Department cert in the state accounting system by sufficient appropriations or c			
Rate Contract. (No Maximum Obligation) Attach details of	all rates, units, calculation	ons, conditions or terms and any changes if rates or terms ar	e being amended.)
✓ Maximum Obligation Contract. Enter total maximum oblig	gation for total duration of	f this contract (or new total if Contract is being amended).\$	14,496.00.
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	6 PPD; Payment issued w eason: ✓ agree to sta	vithin 15 days % PPD; Payment issued within 20 days ndard 45 day cycle statutory/legal or Ready Payments	% PPD; Payment issued within 30
payment (subsequent payments scheduled to support standa	rd EFT 45 day payment	cycle. See Prompt Pay Discounts Policy.)	(
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or F municipalities of the Commonwealth, as appropriated in the Ch The performance period for this award is 7/1/20-6/30/21. The n how these grant funds were applied. All approved obligations in to be part of this agreement, are to be funded from the total am maximum obligation of this contract. COAs are responsible for	apter 227 of the Acts of 20 nunicipality certifies that the ncurred prior to the effection ount awarded under this a eturning this executed co	D20. The award amount is determined by a census-based all ne funds wil be used for COA activities, and wil complete a ve date of this agreement (for which payment obligations hav agreement. This contract, once executed by both parties, will ntract by no later than June 30, 2021.	ocation of available grant funding, final fiscal report accounting for e been triggered) and are intended be treated as the sole invoice for the
ANTICIPATED START DATE: (Complete ONE option only) T			Contract obligations:
1. may be incurred as of the Effective Date (latest signature2. may be incurred as of, 20, a date LATER than			ve Date
✓ 3. were incurred as of JULY 1, 20 20 , a date PRIOR to t			
authorized to be made either as settlement payments or a	as authorized reimbursem	nent payments, and that the details and circumstances of all	obligations under this Contract are
		eases the Commonwealth from further claims related to thes	
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 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 Instruction compliance, and an incorporated by reference herein according to the following his Standard Contract Form Instructions and Contractor Certification by a Department as unacceptable, and additional negotiate Contractor's Response only if made using the process outlined costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: Date: (Signature and Date Must Be Handwritten At Time Print Name: Print Title:	the Contractor, the Depad and reviewed all docuctions and Contractor Cogrees that all terms governarchy of document precons, the Request for Resed terms, provided that it in 801 CMR 21.07, inco	ritment, or a later Contract or Amendment Start Date specifications under the pains and penalties of perjury, and fur erning performance of this Contract and doing business edence, the applicable Commonwealth Terms and Condition ponse (RFR) or other solicitation, the Contractor's Response additional negotiated terms will take precedence over the reporated herein, provided that any amended RFR or Response AUTHORIZING SIGNATURE FOR THE COMMONWE X: (Signature and Date Must Be Handwritten Print Name: Print Title:	ed above, subject to any required shed and the Contractor makes all ther agrees to provide any required in Massachusetts are attached or is, this Standard Contract Form, the e (excluding any language stricken relevant terms in the RFR and the isse terms result in best value, lower ALTH:
	(Updated 6/3	0/20) Page 1 of 1)

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

CONTRACTOR LEGAL NAME: TOWN OF SWAMPSCOTT (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 22 MONUMENT AVE SWAMPSCOTT, MA 01907-1977		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: MARILYN HURWITZ	Phone: 781-596-8866	Billing Address (if different):		
E-Mail: mhurwitz@town.swampscott.ma.us	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191999	•	E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COASWAMPSCOTT000		
(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	
_XNEW CONTRACT		CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date Prior to Amendment:		
Statewide Contract (OSD or an OSD-designated Departm		Enter Amendment Amount: \$ (or "no change		
Collective Purchase (Attach OSD approval, scope, budge Department Procurement (includes all Grants - 815 CMR		AMENDMENT TYPE: (Check one option only. Attach d		
Notice or RFR, and Response or other procurement supp		Amendment to Date, Scope or Budget (Attach upda Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for emergency, s		Contract Employee (Attach any updates to scope or b		
 Contract Employee (Attach Employment Status Form, sco Other Procurement Exception (Attach authorizing langua 		Other Procurement Exception (Attach authorizing la		
specific exemption or earmark, and exception justification,		scope and budget)		
The Standard ContractForm Instructions and Contractor of into this Contract and are legally binding: (Check ONE opti ServicesCommonwealth IT Terms and Conditions	Certifications and the fo on): Commonwealth	ollowing Commonwealth Terms and Conditions documer Terms and Conditions <u>✓</u> Commonwealth Terms and Condition	it are incorporated by reference ons For Human and Social	
COMPENSATION: (Check ONE option): The Department cert	ifies that payments for au	thorized performance accepted in accordance with the terms	of this Contract will be supported	
in the state accounting system by sufficient appropriations or o	other non-appropriated fur	nds, subject to intercept for Commonwealth owed debts unde	er 815 CMR 9.00.	
Rate Contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum oblig				
Marrood British, 1100 (27) 22 (Construent Construent Co	**************************************			
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: <u>agree to star</u>	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				
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or in municipalities of the Commonwealth, as appropriated in the Charles performance period for this award is 7/1/20-6/30/21. The new these grant funds were applied. All approved obligations in to be part of this agreement, are to be funded from the total ammaximum obligation of this contract. COAs are responsible for the contract of the	apter 227 of the Acts of 20 nunicipality certifies that th ncurred prior to the effective ount awarded under this a	D20. The award amount is determined by a census-based allone funds will be used for COA activities, and will complete a five date of this agreement (for which payment obligations have ugreement. This contract, once executed by both parties, will be	ocation of available grant funding. final fiscal report accounting for e been triggered) and are intended	
ANTICIPATED START DATE: (Complete ONE option only) T			Contract obligations:	
1. may be incurred as of the Effective Date (latest signature	date below) and <u>no</u> obli	gations have been incurred prior to the Effective Date.		
2. may be incurred as of, 20, a date LATER than				
✓ 3. were incurred as of <u>JULY 1</u> , 20 20 , a date PRIOR to t		and the parties agree that payments for any obligations incu rent payments, and that the details and circumstances of all o		
		eases the Commonwealth from further claims related to these		
CONTRACT END DATE: Contract performance shall termin amended, provided that the terms of this Contract and perform completing any negotiated terms and warranties, to allow any	mance expectations and	obligations shall survive its termination for the purpose of	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other represent				
Amendment has been executed by an authorized signatory of				
approvals. The Contractor certifies that they have accesse	d and reviewed all doc	uments incorporated by reference as electronically publis	shed and the Contractor makes all	
certifications required under the Standard Contract Form Instru				
documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form,				
Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language st				
by a Department as unacceptable, and additional negotiate Contractor's Response only if made using the process outlined costs, or a more cost effective Contract.				
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	1/-/	AUTHORIZING SIGNATURE FOR THE COMMONWEA	LTH: 1 3 Ct 3 L	
X: Signature and Date Must Be Handwritten At Time	of Signature)	X: 1 . Date: 4 . J . Date: (Signature and Date Must Be Handwritten At Time of Signature)		
Print Name: Secur Fitzgerald.		Print Name: 6 CGG Y CONDEEL	1 the	
Print Title: Town Administrator . Print Title: 1000 of the LOUNTY			of took and	
	(Updated 6/30	0/20) Page 1 of 1 2/10 Cov 4/10	roting	

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CONTRACTOR LEGAL NAME: TOWN OF TOLLAND (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 241 W GRANVILLE RD TOLLAND, MA 01034-9543		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: JEAN ARMITAGE	Phone: 413-258-4794	Billing Address (if different):		
E-Mail: councilonaging@tolland-ma.com	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192007		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COATOLLAND000000		
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1046-10-	60C-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	Company and the company of the compa	
Department Procurement (includes all Grants - 815 CMR 2		Amendment to Date, Scope or Budget (Attach update	ed scope and budget)	
Notice or RFR, and Response or other procurement suppor Emergency Contract (Attach justification for emergency, so		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 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			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 certifing the state accounting system by sufficient appropriations or obtained accounting system by sufficient appropriations or obtained accounting system by sufficient appropriations or obtained accounting the state of the stat	ner non-appropriated fund	ds, subject to intercept for Commonwealth owed debts under	815 CMR 9.00.	
✓ Maximum Obligation Contract. Enter total maximum obligation				
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 or BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or R			Councils on Aging of the	
municipalities of the Commonwealth, as appropriated in the Cha The performance period for this award is 7/1/20-6/30/21. The m how these grant funds were applied. All approved obligations in to be part of this agreement, are to be funded from the total amo	pter 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 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	ation of available grant funding. nal fiscal report accounting for been triggered) and are intended	
maximum obligation of this contract. COAs are responsible for re	The state of the s		tentra et abligationne	
ANTICIPATED START DATE: (Complete ONE option only) The1. may be incurred as of the Effective Date (latest signature)			ontract obligations:	
2. may be incurred as of, 20, a date LATER than			Date.	
✓ 3, were incurred as of JULY 1, 20 20 , a date PRIOR to the			The state of the s	
authorized to be made either as settlement payments or as	authorized reimburseme	ent payments, and that the details and circumstances of all of uses the Commonwealth from further claims related to these	bligations under this Contract are	
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 an negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.				
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.				
AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X:			e: 4-1-21	

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nttps://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.	.mass.gov/iists/osd-forms.	
CONTRACTOR LEGAL NAME: TOWN OF TOPSFIELD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 8 W COMMON ST TOPSFIELD, MA 01983-1425		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: Kathleen Barbarisi	Phone: 978-887-1523	Billing Address (if different):	
E-Mail: kbarbarisi@topsfield-ma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000192008		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COATOPSFIELD0000	1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
(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	
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	
Statewide Contract (OSD or an OSD-designated Departme		Enter Amendment Amount: \$ (or "no change	
Collective Purchase (Attach OSD approval, scope, budget)	0	AMENDMENT TYPE: (Check one option only. Attach	
Department Procurement (includes all Grants - 815 CMR 2 Notice or RFR, and Response or other procurement suppo		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, score		Contract Employee (Attach any updates to scope or Other Procurement Exception (Attach authorizing la	
Other Procurement Exception (Attach authorizing languag specific exemption or earmark, and exception justification, so		scope and budget)	anguage/justilication and updated
The Standard Contract Form Instructions and Contractor C into this Contract and are legally binding: (Check ONE option Services Commonwealth IT Terms and Conditions	ertifications and the fol	lowing Commonwealth Terms and Conditions docume erms and Conditions <u>V</u> Commonwealth Terms and Condit	nt are incorporated by reference ions For Human and Social
COMPENSATION: (Check ONE option): The Department certifin 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 und	er 815 CMR 9.00.
✓ Maximum Obligation Contract. Enter total maximum oblig		, 사용하다 하는 사람들은 아이를 가게 하는 것이 되었다. 그는 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들이 되었다.	
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:	Payment issued within 1	5 days % PPD; Payment issued within 20 days % P	PD; Payment issued within 30 days
(subsequent payments scheduled to support standard EFT 45 of	day payment cycle. See F	Prompt Pay Discounts Policy.)	
	day payment cycle. See F EASON FOR AMENDMI pter 227 of the Acts of 20: unicipality certifies that th curred prior to the effectiv unt awarded under this ag	Prompt Pay Discounts Policy.) ENT: This contract is to distribute a formula grant award to the 20. The award amount is determined by a census-based allowed funds will be used for COA activities, and will complete a sed date of this agreement (for which payment obligations have greement. This contract, once executed by both parties, will	he Councils on Aging of the ocation of available grant funding. final fiscal report accounting for the been triggered) and are intended
(subsequent payments scheduled to support standard EFT 45 of 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 real ANTICIPATED START DATE: (Complete ONE option only) The	day payment cycle. See F EASON FOR AMENDMI pter 227 of the Acts of 20: unicipality certifies that the curred prior to the effective unt awarded under this age turning this executed conterpression.	Prompt Pay Discounts Policy.) ENT: This contract is to distribute a formula grant award to the 20. The award amount is determined by a census-based allowed funds will be used for COA activities, and will complete a edate of this agreement (for which payment obligations have greement. This contract, once executed by both parties, will stract by no later than June 30, 2021. actor certify for this Contract, or Contract Amendment, that	he Councils on Aging of the ocation of available grant funding. final fiscal report accounting for the been triggered) and are intended be treated as the sole invoice for the
(subsequent payments scheduled to support standard EFT 45 of 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 reach Total Contract of the Contract	day payment cycle. See F EASON FOR AMENDMI pter 227 of the Acts of 20: unicipality certifies that the curred prior to the effective unt awarded under this age turning this executed control the Department and Control date below) and no oblig	Prompt Pay Discounts Policy.) ENT: This contract is to distribute a formula grant award to the 20. The award amount is determined by a census-based allie of this agreement (for which payment obligations have greement. This contract, once executed by both parties, will stract by no later than June 30, 2021. actor certify for this Contract, or Contract Amendment, that ations have been incurred prior to the Effective Date.	he Councils on Aging of the ocation of available grant funding, final fiscal report accounting for the been triggered) and are intended be treated as the sole invoice for the Contract obligations:
(subsequent payments scheduled to support standard EFT 45 of 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 real ANTICIPATED START DATE: (Complete ONE option only) The	day payment cycle. See F EASON FOR AMENDME pter 227 of the Acts of 20: unicipality certifies that th curred prior to the effectiv unt awarded under this ac eturning this executed con the Department and Control date below) and no oblig the Effective Date below	Prompt Pay Discounts Policy.) ENT: This contract is to distribute a formula grant award to the 20. The award amount is determined by a census-based allie of this agreement (for which payment obligations have greement. This contract, once executed by both parties, will stract by no later than June 30, 2021. actor certify for this Contract, or Contract Amendment, that ations have been incurred prior to the Effective Date.	he Councils on Aging of the ocation of available grant funding, final fiscal report accounting for the been triggered) and are intended be treated as the sole invoice for the Contract obligations:
(subsequent payments scheduled to support standard EFT 45 of 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) Tr— 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, 20, a date PRIOR to the authorized to be made either as settlement payments or as	day payment cycle. See F EASON FOR AMENDMI pter 227 of the Acts of 20: unicipality certifies that the curred prior to the effective unt awarded under this act atturning this executed contract the Department and Contract date below) and no oblige the Effective Date below, as authorized reimbursement	Prompt Pay Discounts Policy.) ENT: This contract is to distribute a formula grant award to the 20. The award amount is determined by a census-based allie of this agreement (for which payment obligations have greement. This contract, once executed by both parties, will stract by no later than June 30, 2021. actor certify for this Contract, or Contract Amendment, that ations have been incurred prior to the Effective Date.	he Councils on Aging of the ocation of available grant funding, final fiscal report accounting for the been triggered) and are intended be treated as the sole invoice for the Contract obligations: The Date of the Effective Date are obligations under this Contract are
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(subsequent payments scheduled to support standard EFT 45 of 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) Tf 1. may be incurred as of the Effective Date (latest signature2. may be incurred as of, 20, a date LATER than	day payment cycle. See F EASON FOR AMENDME 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 the Department and Control date below) and no oblig the Effective Date below, a se authorized reimburser of payments forever release as of JUNE 30 , 20 21 stations and obligations so the contractor, report ations by the parties, the the Contractor, the Depa ation performance, report ations by the parties, the the Contractor, the Depa ations of payments forever release the Contractor, report ations performance, report ations performance of the applicable Cor sponse (RFR) or other s diditional negotiated terms and herein, provided that a	Prompt Pay Discounts Policy.) ENT: This contract is to distribute a formula grant award to the 20. The award amount is determined by a census-based allie of funds will be used for COA activities, and will complete a series date of this agreement (for which payment obligations have determined by no later than June 30, 2021. Contract by no later than June 30, 2021. Contract certify for this Contract, or Contract Amendment, that actions have been incurred prior to the Effective Date. It and no obligations have been incurred prior to the Effective Date. It and no obligations have been incurred prior to the Effective Date. It also also that the details and circumstances of all asses the Commonwealth from further claims related to these and the parties agree that payments for any obligations incurred prior to the Effective Date of the Commonwealth from further claims related to these and the parties agree that payments, or during any lapse between the commonwealth from the purpose of resolving any ing, invoicing or final payments, or during any lapse between the pains and penalties of perjury, and further agrees to fusion the pains and penalties of perjury, and further agrees to finis Contract and doing business in Massachusetts are at monowealth Terms and Conditions, this Standard Contract or incitiation, the Contractor's Response (excluding any lang will take precedence over the relevant terms in the RFR at any amended RFR or Response terms result in best value, and authorizing Signature For the Commonwealth Terms and Conditions the pains and penalties of perjury and the terms in the RFR at any amended RFR or Response terms result in best value,	he Councils on Aging of the ocation of available grant funding. final fiscal report accounting for e been triggered) and are intended be treated as the sole invoice for the Contract obligations: ve Date. urred prior to the Effective Date are obligations under this Contract are e obligations. ss the Contract is properly amended, claim or dispute, for completing any en amendments. the latest date that this Contract or iffied above, subject to any required the Contractor makes all certifications provide any required documentation tached or incorporated by reference to Form, the Standard Contract Form guage stricken by a Department as and the Contractor's Response only if lower costs, or a more cost effective ate:

CONTRACTOR LEGAL NAME: TOWN OF TOWNSEND



COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS

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

(and d/b/a):		MMARS Department Code:		
Legal Address: (W-9, W-4): 272 MAIN ST TOWNSEND, MA 01469-1510		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
ract Manager: KARIN C. MOORE Ph	one: 978-597-1710	Billing Address (if different):		
il: coa@townsend.ma.us	x:	Contract Manager: STACEY	ANNE OCONNELL	Phone: 617-222-7419
actor Vendor Code: VC6000192009		E-Mail: STACEY.OCONNELL	.@MASS.GOV	Fax: 617-727-9368
or Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COA	TOWNSEND00000	
: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other II	Number: BD-21-1040-10	40C-1040L-57550
X NEW CONTRACT			CONTRACT AMEND	MENT
CUREMENT OR EXCEPTION TYPE: (Check one option on	y)	Enter Current Contract End D	late <u>Prior</u> to Amendment:	, 20
tatewide Contract (OSD or an OSD-designated Department)	ena-	Enter Amendment Amount: \$		
collective Purchase (Attach OSD approval, scope, budget) lepartment Procurement (includes all Grants - 815 CMR 2.00 Notice or RFR, and Response or other procurement supporting imergency Contract (Attach justification for emergency, scope	documentation)	Amendment to Date, Scop Interim Contract (Attach ju	oe or Budget (Attach updat estification for Interim Contra	act and updated scope/budget)
contract Employee (Attach Employment Status Form, scope, I other Procurement Exception (Attach authorizing language, le pecific exemption or earmark, and exception justification, scope	egislation with	Contract Employee (Attact Other Procurement Exceptions scope and budget)		oudget) nguage/justification and updated
Standard Contract Form Instructions and Contractor Certithis Contract and are legally binding: (Check ONE option): ricesCommonwealth IT Terms and Conditions				
IPENSATION: (Check ONE option): The Department certifies e state accounting system by sufficient appropriations or other tate Contract. (No Maximum Obligation) Attach details of all r laximum Obligation Contract. Enter total maximum obligation	non-appropriated fun ates, units, calculation	ds, subject to intercept for Comm ns, conditions or terms and any o	nonwealth owed debts unde changes if rates or terms are	er 815 CMR 9.00. e being amended.)
PMPT PAYMENT DISCOUNTS (PPD): Commonwealth paymer D as follows: Payment issued within 10 days% PPD; Pay PPD. If PPD percentages are left blank, identify reason: _	ment issued within 1 agree to standard 45 payment cycle. See F	5 days % PPD; Payment issu 5 day cycle statutory/legal or f Prompt Pay Discounts Policy.)	led within 20 days % PF Ready Payments (M.G.L. c.	PD; Payment issued within 30 days 29, § 23A); only initial payment
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant funding. The performance period for this award is 7/1/20-6/30/21. The municipality certifies that the funds will be used for COA activities, and will complete a final fiscal report accounting for how these grant funds were applied. All approved obligations incurred prior to the effective date of this agreement (for which payment obligations have been triggered) and are intended to be part of this agreement, are to be funded from the total amount awarded under this agreement. This contract, once executed by both parties, will be treated as the sole invoice for the maximum obligation of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021.				cation of available grant funding. final fiscal report accounting for e been triggered) and are intended
TICIPATED START DATE: (Complete ONE option only) The D				Contract obligations:
. may be incurred as of the Effective Date (latest signature dat				- D-4-
 may be incurred as of, 20, a date LATER than the were incurred as of JULY 1, 20 20, a date PRIOR to the I authorized to be made either as settlement payments or as at attached and incorporated into this Contract. Acceptance of payments or an authorized programment of the contract. 	Effective Date below, uthorized reimbursem	and the parties agree that payme ent payments, and that the detail	ents for any obligations incu Is and circumstances of all o	rred prior to the Effective Date are obligations under this Contract are
NTRACT END DATE: Contract performance shall terminate as yided that the terms of this Contract and performance expectat otiated terms and warranties, to allow any close out or transition	ions and obligations s	shall survive its termination for the	e purpose of resolving any	claim or dispute, for completing any
RTIFICATIONS: Notwithstanding verbal or other representation and ment has been executed by an authorized signatory of the rovals. The Contractor certifies that they have accessed and reusired under the Standard Contract Form Instructions and Contract nequest to support compliance, and agrees that all terms govern according to the following hierarchy of document preceden ructions and Contractor Certifications, the Request for Responsible, and additional negotiated terms, provided that addition the process outlined in 801 CMR 21.07, incorporated that	contractor, the Depa viewed all documents actor Certifications un verning performance of ce, the applicable Co onse (RFR) or other sional negotiated terms	artment, or a later Contract or Ai incorporated by reference as ele der the pains and penalties of pe of this Contract and doing busine mmonwealth Terms and Condition solicitation, the Contractor's Res s will take precedence over the re	mendment Start Date speci ictronically published and th rjury, and further agrees to p sss in Massachusetts are att ons, this Standard Contract sponse (excluding any lang elevant terms in the RFR an	ified above, subject to any required to Contractor makes all certifications provide any required documentation tached or incorporated by reference to Form, the Standard Contract Form guage stricken by a Department as and the Contractor's Response only if
(Signature and Date Must Be Handwritten At Time of the Name: James M. Kreidler Jr. at Title: Town Administrator.		X: (Signature and I		ate: 4-1-21
n request to support compliance, and agrees that all terms govern according to the following hierarchy of document preceden ructions and Contractor Certifications, the Request for Responded Land Additional negotiated terms, provided that additionate using the process outlined in 801 CMR 21.07, incorporated stract. THORIZING SIGNATURE FOR THE CONTRACTOR: Date: (Signature and Date Must Be Handwritten At Time of the Name:	verning performance of ce, the applicable Co onse (RFR) or other ional negotiated term herein, provided that	of this Contract and doing busine mmonwealth Terms and Condition solicitation, the Contractor's Res s will take precedence over the reany amended RFR or Response AUTHORIZING SIGNATUR X: (Signature and I	ss in Massachusetts are attons, this Standard Contract sponse (excluding any lang elevant terms in the RFR an terms result in best value, I	tached or incorporal t Form, the Standard guage stricken by a nd the Contractor's flower costs, or a mo



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.

Forms are also posted at OSD Forms: https://www.mass.gov/lists	/osd-forms.			
CONTRACTOR LEGAL NAME: TOWN OF TYRINGHAM (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 116 MAIN RD TYRINGHAM, MA 01264-9700		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: TIM TAYLOR	Phone: 413-243-1749	Billing Address (if different):	Billing Address (if different):	
E-Mail: tyringham.coa@gmail.com	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192012		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COATYRINGHAM0000	Steam (And S. Arreston Co. Colo.) Members and	
(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 AMENDI		
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date <u>Prior</u> to Amendment:		
Statewide Contract (OSD or an OSD-designated Departme	5700	Enter Amendment Amount: \$ (or "no change")		
Collective Purchase (Attach OSD approval, scope, budget)		AMENDMENT TYPE: (Check one option only. Attach de	Market and the Control of the Contro	
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		
Emergency Contract (Attach justification for emergency, sc	ope, budget)	Interim Contract (Attach justification for Interim Contra Contract Employee (Attach any updates to scope or but		
Contract Employee (Attach Employment Status Form, scop ✓ Other Procurement Exception (Attach authorizing language		Other Procurement Exception (Attach authorizing lang		
specific exemption or earmark, and exception justification, so		scope and budget)	,3	
The Standard Contract Form Instructions and Contractor C into this Contract and are legally binding: (Check ONE optio Services Commonwealth IT Terms and Conditions				
COMPENSATION: (Check ONE option): The Department certification	es that payments for auti	norized performance accepted in accordance with the terms	of this Contract will be supported	
in the state accounting system by sufficient appropriations or of				
Rate Contract. (No Maximum Obligation) Attach details of a ✓ Maximum Obligation Contract. Enter total maximum obligation			77.00	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pay				
a PPD as follows: Payment issued within 10 days% PPD; I	Payment issued within 15	5 days % PPD; Payment issued within 20 days % PP	D; Payment issued within 30 days	
% PPD. If PPD percentages are left blank, identify reason: _ (subsequent payments scheduled to support standard EFT 45 of	✓ agree to standard 45 lay payment evols. See B	day cyclestatutory/legal or Ready Payments (M.G.L. c.	29, § 23A); only initial payment	
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or R			Councils on Aging of the	
municipalities of the Commonwealth, as appropriated in the Chap	oter 227 of the Acts of 202	The award amount is determined by a census-based alloc	ation of available grant funding.	
The performance period for this award is 7/1/20-6/30/21. The min how these grant funds were applied. All approved obligations income applied in the performance period for this award is 7/1/20-6/30/21.				
to be part of this agreement, are to be funded from the total amount	unt awarded under this ag	preement. This contract, once executed by both parties, will be		
maximum obligation of this contract. COAs are responsible for re ANTICIPATED START DATE: (Complete ONE option only) Th	THE RESERVE THE PARTY OF THE PA		ontract obligations:	
1. may be incurred as of the Effective Date (latest signature		167)	onti act obligations.	
2. may be incurred as of, 20, a date LATER than			Date.	
✓ 3. were incurred as of JULY 1, 20 20 , a date PRIOR to the second control of the				
		ent payments, and that the details and circumstances of all ol ases the Commonwealth from further claims related to these		
CONTRACT END DATE: Contract performance shall terminate				
provided that the terms of this Contract and performance expec	tations and obligations sl	hall survive its termination for the purpose of resolving any cl	aim or dispute, for completing any	
negotiated terms and warranties, to allow any close out or trans		0, 0 1, 1 0 , 1		
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 Con	ntractor Certifications und	der the pains and penalties of perjury, and further agrees to pr	rovide any required documentation	
upon request to support compliance, and agrees that all terms of herein according to the following hierarchy of document precedence.	governing performance o lence, the applicable Cor	t this Contract and doing business in Massachusetts are atta nmonwealth Terms and Conditions, this Standard Contract I	Form, the Standard Contract Form	
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 ac made using the process outlined in 801 CMR 21.07, incorporate				
Contract.	ou moroun, provided unace	1		
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	1 1	AUTHORIZING SIGNATURE FOR THE COMMONWEA	LTH:	
	3/22/2021	X: Day Daves . Day	le: 4-1-2/	
(Signature and Date Must Be Handwritten At Time	of Signature)	(Signature and Date Must Be Handwritten /	t Tinte of Signature)	
Print Name: TIMOTHY O. TAYLOR	<u>~</u>	Print Name:	- Libratine	
Print Title: CHAIR COA	N	Print Title:	Livery of	
		and contu	acting 1	

This form is jointly issued and published by the Office of the Comptroller (CTR), the Executive Office for Administration and Finance (ANF), and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form or to the Standard Contract Form Instructions and Contractor Certifications, the Commonwealth Terms and Conditions for Human and Social Services or the Commonwealth IT Terms and Conditions which are incorporated by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access published forms at CTR Forms: https://www.mass.gov/lists/cosd-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 WALPOLE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 135 SCHOOL ST WALPOLE, MA 02081-2844		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: KERRI MCMANAMA	Phone: 508-668-3330	Billing Address (if different):		
E-Mail: kmcmanama@walpole-ma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192018		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAWALPOLE000000		
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	40C-1040L-57550	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget)		CONTRACT AMEND Enter Current Contract End Date <u>Prior</u> to Amendment: Enter Amendment Amount: \$ (or "no change" AMENDMENT TYPE: (Check one option only. Attach d Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contract Contract Employee (Attach provinced to the score of the	") letails of amendment changes.) led scope and budget) act and updated scope/budget)	
Contract Employee (Attach Employment Status Form, scop Other Procurement Exception (Attach authorizing language specific exemption or earmark, and exception justification, sc	e, legislation with	Contract Employee (Attach any updates to scope or b Other Procurement Exception (Attach authorizing lar scope and budget)		
The Standard Contract Form Instructions and Contractor Co into this Contract and are legally binding: (Check ONE option Services Commonwealth IT Terms and Conditions				
COMPENSATION: (Check ONE option): The Department certifi in the state accounting system by sufficient appropriations or other than the state accounting system by sufficient appropriations or other than the state accounting system of the state accounting system of the state account	ner non-appropriated fundal Il rates, units, calculation	ds, subject to intercept for Commonwealth owed debts unde ns, conditions or terms and any changes if rates or terms are	r 815 CMR 9.00. being amended.)	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issue			D; Payment issued within 30 days 29, § 23A); only initial payment e Councils on Aging of the cation of available grant funding nal fiscal report accounting for been triggered) and are intended e treated as the sole invoice for the contract obligations:	
	e Effective Date below, a authorized reimburseme		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 21, with no new obligations being incurred after this date unless the Contract is properly amende 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 an 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 Contractor Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any rapprovals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor 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 docume upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference as electronically published and the Contractor makes all certifications under the pains and penalties of perjury, and further agrees to provide any required docume upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference as electronically published and the Contractor makes all certifications, under the Standard Contract and doing business in Massachusetts are attached or incorporated by reference as electronically published and the Contractor makes all certifications, under the pains and penalties of perjury, and further agrees to provide any required documents incorporated by reference as electronically published and the Contractor as electronically published and the Contractor makes all certifications, under the pains and penalties of perjury, and further agrees to provide any required documents incorporated by reference as electronically published and the Contractor makes all certifications, of the pains and penalties of perjury, and further agrees to provide any required documents incorporated by reference as electronically publ			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	

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nttps://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.	.mass.gov/lists/osd-torms.		
CONTRACTOR LEGAL NAME: TOWN OF WASHINGTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): RTE 8 BECKET, MA 01223-9627		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: JIM HUEBNER	Phone: 413-623-8878	Billing Address (if different):		
E-Mail: washington.accountant@yahoo.com	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192025		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAWASHINGTON000		
(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 AMENDMENT		
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20		
Statewide Contract (OSD or an OSD-designated Department		Enter Amendment Amount: \$ (or "no change")		
Collective Purchase (Attach OSD approval, scope, budget		AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)		
Department Procurement (includes all Grants - 815 CMR : Notice or RFR, and Response or other procurement support		Amendment to Date, Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget)		
Emergency Contract (Attach justification for emergency, so	cope, budget)	Contract Employee (Attach any updates to scope or b		
 Contract Employee (Attach Employment Status Form, scoper Other Procurement Exception (Attach authorizing language) 	e, budget)	Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception justification, s		scope and budget)	00-,	
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 certification		[10] (1 - 14 - 14] [1 - 14] [2] (1 - 14) [2] (1 - 14) (1 - 14) [3] (1 - 14) [4] (1 - 14) [4] (1 - 14) [4] (1 - 14) [4] (1 - 14) [4] (1 - 14) [4] (1 - 14) [4]	2. THE STREET (는데 1 THE	
in the state accounting system by sufficient appropriations or o Rate Contract. (No Maximum Obligation) Attach details of				
✓ Maximum Obligation Contract. Enter total maximum oblig				
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason:✓_ agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)				
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2. may be incurred as of, 20, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date.			THE PLANT AND THE PARTY OF THE	
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 ofJUNE 30_, 20_21, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claimor dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.				
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pairs and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the				
Standard Contract FormInstructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.				
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:		AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:		
x. Date: 5-10-21		x: 1000 Date: 5-19-24		
(Signature and Date Must Be Handwritten At Time of Signature)		(Signature and Date Must Be Handwritten At Time of Signature)		
Print Name: TA Webner.	ra.	Print Name: Per V Connetty		
Print Title: Change Select Bongs		Print Title:	Instim?	

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



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CONTRACTOR LEGAL NAME: TOWN OF WELLESLEY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): PO BOX 812025 WELLESLEY, MA 02482-0012		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: Heather Munroe	Phone: 781-263-1529	Billing Address (if different):		
E-Mail: hmunroe@wellesleyma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192029		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAWELLESLEY0000		
(Note: The Address ID must be set up for EFT payments.)				
X NEW CONTRACT		RFR/Procurement or Other ID Number: BD-21-1040-1040C-1040L-57550		
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	CONTRACT AMENDMENT Enter Current Contract End Date <i>Prior</i> to Amendment:, 20		
Statewide Contract (OSD or an OSD-designated Departme		Enter Amendment Amount: \$ (or "no change")		
Collective Purchase (Attach OSD approval, scope, budget	,	AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)		
 Department Procurement (includes all Grants - 815 CMR 2 Notice or RFR, and Response or other procurement suppo 		Amendment to Date, Scope or Budget (Attach updated scope and budget)		
Emergency Contract (Attach justification for emergency, so		Interim Contract (Attach justification for Interim Contra		
Contract Employee (Attach Employment Status Form, score	oe, 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 Certifications and the following Commonwealth Terms and Conditions document are incorporated by reference into this Contract and are legally binding: (Check ONE option):Commonwealth Terms and Conditions Commonwealth Terms and Conditions For Human and Social ServicesCommonwealth IT Terms and Conditions				
COMPENSATION: (Check ONE option): The Department certifing in the state accounting system by sufficient appropriations or of				
	all rates, units, calculation	ns, conditions or terms and any changes if rates or terms are	being amended.)	
	EMPER DESCRIPTION OF THE PERSON.	, , _		
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: (subsequent payments scheduled to support standard EFT 45)	✓ agree to standard 45	day cycle statutory/legal or Ready Payments (M.G.L. c.	29, § 23A); only initial payment	
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1. may be incurred as of the Effective Date (latest signature				
, 20, a date LATER than				
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-		and cont	nacing	

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https://www.macompilolier.org/forms. Forms are also posted at	OSD FOITIS. Https://www.	inass.govinsis/osu-iorns.		
CONTRACTOR LEGAL NAME: TOWN OF WEST STOCKBRIDGE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 21 STATE LINE RD WEST STOCKBRIDGE, MA 01266-9368		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: JOHN ZICK	Phone: 413-232-0137	Billing Address (if different):		
E-Mail: coa@weststockbridge-ma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192039		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAWESTSTOCKBRID		
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-1040C-1040L-57550		
X NEW CONTRACT		CONTRACT AMENDMENT		
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date Prior to Amendment:, 20		
Statewide Contract (OSD or an OSD-designated Departm		Enter Amendment Amount: \$ (or "no change")		
Collective Purchase (Attach OSD approval, scope, budge		AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)		
— Department Procurement (includes all Grants - 815 CMR Notice or RFR, and Response or other procurement suppressions)		Amendment to Date, Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget)		
Emergency Contract (Attach justification for emergency, s	cope, budget)	Contract Employee (Attach any updates to scope or		
Contract Employee (Attach Employment Status Form, scoper Other Procurement Exception (Attach authorizing language)		Other Procurement Exception (Attach authorizing la		
specific exemption or earmark, and exception justification, s		scope and budget)	rgaagajaamaaarrana apaataa	
The Standard Contract Form Instructions and Contractor (into this Contract and are legally binding: (Check ONE options) Services Commonwealth IT Terms and Conditions	Certifications and the foon): Commonwealth	ollowing Commonwealth Terms and Conditions document Terms and Conditions <u>✓</u> Commonwealth Terms and Conditions	nt are incorporated by reference ons For Human and Social	
COMPENSATION: (Check ONE option): The Department cert in the state accounting system by sufficient appropriations or one Rate Contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum obligation Contract.	ther non-appropriated fur all rates, units, calculation	nds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms are	er 815 CMR 9.00. e being amended.)	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pa	yments are issued thro	ugh FFT 45 days from invoice receipt. Contractors reque	sting accelerated payments must	
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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:		AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:		
x: Nouse y Ryan. Date: 8/2/2.1 (Signature and Date Mue) Be Handwritten At Time of Signature)		X: Date: 8 2 2021 (Signature and Date Must Be Handwritten At Time of Signature) Print Name: Lacted Coldstern		
Print Name: Marie Y Ryon.		Print Name: facuel Gordsten.		
Print Title: Taxana A.Ouring Stockhoo		Print Title: CEN FACA		

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Legal Address: (W-9, W-4): PO BOX 62 WESTFORD, MA 01886-0003		MMARS Department Code: Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Phone: 978-692-5523	523 Billing Address (if different):			
Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419		
	E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368		
	MMARS Doc ID(s): FY21COAWESTFORD00000			
	RFR/Procurement or Other ID Number: BD-21-1040-1040C-1040L-57550			
	CONTRACT AMENDMENT			
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	AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)			
	Amendment to Date, Scope or Budget (Attach updated scope and budget)			
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	scope and budget)	gaago jaaanaaaan aha ahaanaa		
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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.)				
gation for total duration of	this contract (or <i>new</i> total if Contract is being amended). \$ <u>4</u>	0,248.00.		
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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.				
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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract 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: 2 9 2 2 2 2 2 2 2 2				
T C C C C C C C C C C C C C C C C C C C	en only) ment) et) R 2.00) (Solicitation porting documentation) scope, budget) sope, budget) sope, budget) sope, budget) rege, legislation with scope and budget) Certifications and the folition): Commonwealth Totifies that payments for aut other non-appropriated fun of all rates, units, calculation ligation for total duration of all rates, units, calculation ligation for total duration of all rates, units, calculation ligation for total duration of all rates, units, calculation ligation for total duration of all rates, units, calculation ligation for total duration of all rates, units, calculation ligation for total duration of all rates, units, calculation ligation for total duration of all rates, units, calculation ligation for the Acts of 20 municipality certifies that the incurred prior to the effective number of the effective Date below, and the Effective Date below, as authorized reimbursemment of payments forever release of payments forever release at eas ofJUNE_30_, 20_21 electations and obligations is instition performance, report contractor Certifications units governing performance of eledence, the applicable Contractor Certifications units governing performance of eledence, the applicable Contractor Certifications units governing performance of eledence, the applicable Contractor Certifications units governing performance of eledence, the applicable Contractor Certifications units governing performance of eledence, the applicable Contractor Certifications units governing performance of eledence, the applicable Contractor Certifications units governing performance of eledence, the applicable Contractor Certifications units governing performance of eledence, the applicable Contractor Certifications units governing performance of eledence, the applicable Contractor Certifications units governing performance of eledence, the applicable Contractor Certifications units governing performance of eledence, the applicable Contractor Certifications units governing performance of eledence, the applicable	E-Mail: STACEY.OCONNELL@MASS.GOV MMARS Doc ID(s): FY21COAWESTFORD00000 RFR/Procurement or Other ID Number: BD-21-1040-10 CONTRACT AMENDI Enter Current Contract End Date *Prior* to Amendment: Enter Amendment Amount: \$\$		

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This form is jointly issued and published by the Office of the Comptroller (CTR), the Executive Office for Administration and Finance (ANF), and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published 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.macsmptroller.org/forms. Forms are also posted at OSD Forms; https://www.mass.gov/lists/osd-forms.

	MMARS Department Code: Business Mailing Address: 1 ASHBURTON PL BOS	STON MA 02409	
	Business Mailing Address: 1 ASHBURTON PL BO	STON MA 02400	
egal Address: (W-9, W-4): 54 SOUTH AVE WHITMAN, MA 02382-2052		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Phone: 781-447-7619	Billing Address (if different):		
Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
	E-Mail: STACEY.OCONNELL@MASS,GOV	Fax: 617-727-9368	
	MMARS Doc ID(s): FY21COAWHITMAN000000		
X	RFR/Procurement or Other ID Number: BD-21-1040-1040C-1040L-57550		
	CONTRACT AMEN	DMENT	
on only)	Enter Current Contract End Date Prior to Amendment		
Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		Enter Amendment Amount: \$ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) Amendment to Date, Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget) Contract Employee (Attach any updates to scope or budget) Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)	
ServicesCommonwealth IT Terms and Conditions COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.) BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant funding. The performance period for this award is 71/120-6/30/21. The municipality certifies that the 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			
r returning this executed cor	tract by no later than June 30, 2021.		
ire date below) and <u>no</u> oblig	ations have been incurred prior to the Effective Date.		
3. were incurred as of <u>JULY 1, 20 20</u> , a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date a authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract a attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.			
pectations and obligations s	hall survive its termination for the purpose of resolving any	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 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.			
ne of Signature)	VIMIAN / MANAA	Date: 5 200	
i toto since to toto to toto to toto to toto to toto toto to	ion only) tment) get) IR 2.00) (Solicitation opporting documentation) , scope, budget) sage, legislation with a scope and budget) or Certifications and the for ption): Commonwealth T ertifies that payments for aut or other non-appropriated fun of all rates, units, calculation bligation for total duration of payments are issued throug PD; Payment issued within 1 on: agree to standard 45 day payment cycle. See Tor REASON FOR AMENDM Chapter 227 of the Acts of 20 de municipality certifies that the sincurred prior to the effective mount awarded under this agor returning this executed core) The Department and Contrure date below) and no oblighan the Effective Date below, or as authorized reimbursem note of payments forever relembate as ofUNE_30_, 20_21 (spectations and obligations is ansition performance, report and reviewed all documents Contractor Certifications units governing performance of Response (RFR) or other sate additional negotiated terms or attack the response (RFR) or other sate additional negotiated terms or attack the response (RFR) or other sate additional negotiated terms or attack therein, provided that a contractor certifications units of the con	E-Mail: STACEY.OCONNELL@MASS.GOV MMARS Doc ID(s): FY21COAWHITMAN000000 RFR/Procurement or Other ID Number: BD-21-1040- CONTRACT AMEN Enter Current Contract End Date Prior to Amendment Enter Amendment Amount: \$	

37

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

(and d/b/a):			E OFFICE OF ELDER AFFAIRS	
egal Address: (W-9, W-4): 71 MOUNT VERNON ST	CONTRACTOR LEGAL NAME: TOWN OF WINCHESTER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 71 MOUNT VERNON ST WINCHESTER, MA 01890-2706		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: PHILLIP BELTZ	Phone: 781-721-7136	Billing Address (if different):		
E-Mail: pbeltz@winchester.us	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192063	•	E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAWINCHESTER000		
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	040C-1040L-57550	
X NEW CONTRACT		CONTRACT AMEND		
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	nent)	Enter Amendment Amount: \$ (or "no change")		
Collective Purchase (Attach OSD approval, scope, budge		AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)		
Department Procurement (includes all Grants - 815 CMR Notice or RFR, and Response or other procurement supp		Amendment to Date, Scope or Budget (Attach updated scope and budget)		
Emergency Contract (Attach justification for emergency,	scope, budget)	Interim Contract (Attach justification for Interim Contract Contract Employee (Attach any updates to scope or to		
 Contract Employee (Attach Employment Status Form, so Other Procurement Exception (Attach authorizing langua 		Other Procurement Exception (Attach authorizing lai		
specific exemption or earmark, and exception justification,		scope and budget)	nguago/justinoation and apaated	
The Standard Contract Form Instructions and Contractor into this Contract and are legally binding: (Check ONE opt Services Commonwealth IT Terms and Conditions				
COMPENSATION: (Check ONE option): The Department 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 obli				
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth p. 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 municipalities of the Commonwealth, as appropriated in the Ch The performance period for this award is 7/1/20-6/30/21. The how these grant funds were applied. All approved obligations to be part of this agreement, are to be funded from the total amaximum obligation of this contract. COAs are responsible for	, Payment issued within 19 gree to standard 45 day payment cycle. See FREASON FOR AMENDME apter 227 of the Acts of 20 municipality certifies that the neurred prior to the effective ount awarded under this ag	5 days% PPD; Payment issued within 20 days % PPI; day cycle statutory/legal or Ready Payments (M.G.L. c. Prompt Pay Discounts Policy.) ENT: This contract is to distribute a formula grant award to the 20. The award amount is determined by a census-based alloce funds will be used for COA activities, and will complete a set of this agreement (for which payment obligations have greement. This contract, once executed by both parties, will be	PD; Payment issued within 30 days 29, § 23A); only initial payment be Councils on Aging of the ocation of available grant funding final fiscal report accounting for been triggered) and are intended	
ANTICIPATED START DATE: (Complete ONE option only)	The Department and Contra	actor certify for this Contract, or Contract Amendment, that	Contract obligations:	
1. may be incurred as of the Effective Date (latest signature				
2. may be incurred as of, 20, a date LATER that				
	as authorized reimburseme	and the parties agree that payments for any obligations incu ent payments, and that the details and circumstances of all ases the Commonwealth from further claims related to these	obligations under this Contract are	
CONTRACT END DATE: Contract performance shall terminal provided that the terms of this Contract and performance expended terms and warranties, to allow any close out or train	ectations and obligations s	hall survive its termination for the purpose of resolving any	claim or dispute, for completing any	
CERTIFICATIONS: Notwithstanding verbal or other representations and Compared to support the Standard Contract Form Instructions and Coupon request to support compliance, and agrees that all terms herein according to the following hierarchy of document precipations and Contract Form Instructions and Coupon request to support compliance, and agrees that all terms herein according to the following hierarchy of document precipations and Contractor Certifications, the Request for Runacceptable, and additional negotiated terms, provided that made using the process outlined in 801 CMR 21.07, incorporations. AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	of the Contractor, the Depart not reviewed all documents ontractor Certifications und as governing performance of edence, the applicable Cor- desponse (RFR) or other sadditional negotiated terms	artment, or a later Contract or Amendment Start Date speci- incorporated by reference as electronically published and the fer the pains and penalties of perjury, and further agrees to perfusion of this Contract and doing business in Massachusetts are att mmonwealth Terms and Conditions, this Standard Contract solicitation, the Contractor's Response (excluding any langs will take precedence over the relevant terms in the RFR and	ified above, subject to any required e Contractor makes all certifications provide any required documentation tached or incorporated by reference. Form, the Standard Contract Form juage stricken by a Department as id the Contractor's Response only if ower costs, or a more cost effective	
X:		X: (Signature and Date Must Be Handwritten Print Name: Print Title:	ate: <u>5 - 12 - 2</u> / At Time of Signature)	

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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.mass.gov/lists/osd-forms.

www.mass.gov/lists/osd-forms.				
CONTRACTOR LEGAL NAME: TOWN OF YARMOUTH		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS		
(and d/b/a):		MMARS Department Code:		
Legal Address: (W-9, W-4): 1146 ROUTE 28 SOUTH YARMOUTH, MA 02664-4463		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: DIANE KANE	Phone: 508-394-7606	606 Billing Address (if different):		
E-Mail: dkane@yarmouth.ma.us	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192069		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAYARMOUTH00000		
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-1040C-1040L-57550		
X NEW CONTRACT		CONTRACT AMENDMENT		
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 2		AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) Amendment to Date, Scope or Budget (Attach updated scope and budget)		
Notice or RFR, and Response or other procurement suppo	rting documentation)	Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for emergency, so Contract Employee (Attach Employment Status Form, scop		Contract Employee (Attach any updates to scope or b	udget)	
✓ Other Procurement Exception (Attach authorizing language, legislation with		Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justification, so The Standard Contract Form Instructions and Contractor C		scope and budget)	are incorporated by reference	
into this Contract and are legally binding: (Check ONE option ServicesCommonwealth IT Terms and Conditions	on): Commonwealth T	erms and Conditions <u>Commonwealth</u> Terms and Conditions	ns For Human and Social	
COMPENSATION: (Check ONE option): The Department certification				
in the state accounting system by sufficient appropriations or ot Rate Contract. (No Maximum Obligation) Attach details of	her non-appropriated fund all rates, units, calculation	ds, subject to intercept for Commonwealth owed debts under the 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;	Payment issued within 15	5 days % PPD; Payment issued within 20 days % PP	D; Payment issued within 30 days	
% PPD. If PPD percentages are left blank, identify reason: (subsequent payments scheduled to support standard EFT 45 of			za, g zaA); only initial payment	
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or R	EASON FOR AMENDME	ENT: This contract is to distribute a formula grant award to the		
municipalities of the Commonwealth, as appropriated in the Cha				
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.				
			Contract obligations:	
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: 1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date.				
			e Date.	
3. were incurred as of JULY 1, 20 20 , a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations 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.				
<u>CERTIFICATIONS</u> : Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required				
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 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 effecti				
Contract.				
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	4/20/21	AUTHORIZING SIGNATURE FOR THE COMMONWEA	E12-21	
X:				
Print Name: Robert L. War Haver, Tr.			1	
Print Title: Town Administrator. Print Title: 1) water of A-Clow			A. a ounting	
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