

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

https://www.nacompitolier.org/lorns. Forms are also posted at	OSD FOITIB. Https://www.	1855.govilists/osu-lottis.	
CONTRACTOR LEGAL NAME: CITY OF SALEM (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 93 WASHINGTON ST SALEM, MA 01970-3527		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: TERESA ARNOLD	Phone: 978-744-0924	Billing Address (if different):	
E-Mail: tarnold@salem.com	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000192137		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD_001.		MMARS Doc ID(s): FY21COASALEM00000000	
(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	t)	AMENDMENT TYPE: (Check one option only. Attach d	
Department Procurement (includes all Grants - 815 CMR Notice or RFR, and Response or other procurement supp	orting documentation)	Amendment to Date, Scope or Budget (Attach upda Interim Contract (Attach justification for Interim Contra	
Emergency Contract (Attach justification for emergency, s	cope, budget)	Contract Employee (Attach any updates to scope or I	
 Contract Employee (Attach Employment Status Form, scoler Other Procurement Exception (Attach authorizing language) 		Other Procurement Exception (Attach authorizing la	
specific exemption or earmark, and exception justification, s		scope and budget)	
The Standard Contract Form Instructions and Contractor (into this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions	Certifications and the foon): Commonwealth	llowing Commonwealth Terms and Conditions documer Ferms and Conditions <u><</u> Commonwealth Terms and Conditi	ntare incorporated by reference ons For Human and Social
COMPENSATION: (Check ONE option): The Department cert in the state accounting system by sufficient appropriations or c	ther non-appropriated fur	nds, subject to intercept for Commonwealth owed debts under	er 815 CMR 9.00.
— Rate Contract. (No Maximum Obligation) Attach details of ✓ Maximum Obligation Contract. Enter total maximum obligation			
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	% PPD; Payment issued w eason: ✓ agree to star	ithin 15 days % PPD; Payment issued within 20 days odard 45 day cyclestatutory/legal or Ready Payments (% PPD; Payment issued within 30 MG.L. c. 29. § 23A): only initial
payment (subsequent payments scheduled to support standa			
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or F	REASON FOR AMENDM	ENT: This contract is to distribute a formula grant award to the	ne Councils on Aging of the
municipalities of the Commonwealth, as appropriated in the Ch The performance period for this award is 7/1/20-6/30/21. The n			
how these grant funds were applied. All approved obligations i	ncurred prior to the effective	ve date of this agreement (for which payment obligations have	e been triggered) and are intended
to be part of this agreement, are to be funded from the total am maximum obligation of this contract. COAs are responsible for			be treated as the sole invoice for he
ANTICIPATED START DATE: (Complete ONE option only) T			Contract obligations:
1. may be incurred as of the Effective Date (latest signature			
2. may be incurred as of, 20, a date LATER that	the Effective Date below	v and <u>no</u> obligations have been incurred <u>prior</u> to the Effectiv	
✓ 3. were incurred as of JULY 1, 20 20 , a date PRIOR to	he Effective Date below,	and the parties agree that payments for any obligations incu	rred prior to the Effective Date are
authorized to be made either as settlement payments or a	as authorized reimbursem	ent payments, and that the details and circumstances of all eases the Commonwealth from further claims related to these	obligations under this Contract are
CONTRACT END DATE: Contract performance shall termin			
amended, provided that the terms of this Contract and 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 represen	tations by the parties, the	"Effective Date" of this Contract or Amendment shall be t	the latest date that this Contract or
Amendment has been executed by an authorized signatory of approvals. The Contractor certifies that they have accesse	the Contractor, the Depa	rtment, or a later Contract or Amendment Start Date specific	ed above, subject to any required
certifications required under the Standard Contract Form Instru	ictions and Contractor Co	ertifications under the pains and penalties of perjury, and furt	ther agrees to provide any required
documentation upon request to support compliance, and 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 hierarchy of document precesstandard Contract Form Instructions and Contractor Certifications, the Request for Responses		edence, the applicable Commonwealth Terms and Condition ponse (RFR) or other solicitation, the Contractor's Response	e (excluding any language stricken
by a Department as unacceptable, and additional negotiated terms, provided that a		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, incorcosts, or a more cost effective Contract.		porated herein, provided that any amended RFR or Respon	se terms result in best value, lower
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:		AUTHORIZING SIGNATURE FOR THE COMMONWEA	ALTH:
La Davill	1/21/21	Lorde O and de terri	2/8/2021
X: Date:	of Signature)	(Signature and Date Must Be Handwritten	At Time of Signature)
Print Name: KIM DRISCOLL	1 -1 -	Print Name: Rachel Goldstein	
Print Title: MAYOR		Print Title:	



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.macomptroller.org/forms.

herein. Additional non-conflicting terms may be added by Attach also posted at OSD Forms: https://www.mass.gov/lists/osd-form		uired to access published forms at CTR Forms: https://www	v.macomptroller.org/forms. Forms are
CONTRACTOR LEGAL NAME: TOWN OF SANDISFIELD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): PO BOX 154 SANDISFIELD, MA 01255-0154		Business Mailing Address: 1 ASHBURTON PL BOS	TON, MA 02108
Contract Manager: Joanne Grybosh	Phone: 413-441-1206	Billing Address (if different):	
E-Mail: townmanager@sandisfieldma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191967		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COASANDISFIELD00	
(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:	CALL COLOR COLOR
Statewide Contract (OSD or an OSD-designated Department	300	Enter Amendment Amount: \$ (or "no chang	
Collective Purchase (Attach OSD approval, scope, budget		AMENDMENT TYPE: (Check one option only. Attach	
Department Procurement (includes all Grants - 815 CMR	2.00) (Solicitation	Amendment to Date, Scope or Budget (Attach upd	
Notice or RFR, and Response or other procurement support Emergency Contract (Attach justification for emergency, so		Interim Contract (Attach justification for Interim Cont	
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, s	e, legislation with cope and budget)	Other Procurement Exception (Attach authorizing la scope and budget)	20000000000000000000000000000000000000
The Standard Contract Form Instructions and Contractor C into this Contract and are legally binding: (Check ONE option Services Commonwealth IT Terms and Conditions	certifications and the fol on): Commonwealth T	Ilowing Commonwealth Terms and Conditions docume ferms and Conditions ✓ Commonwealth Terms and Condi	nt are incorporated by reference tions For Human and Social
COMPENSATION: (Check ONE option): The Department certi in the state accounting system by sufficient appropriations or o Rate Contract. (No Maximum Obligation) Attach details of ✓ Maximum Obligation Contract. Enter total maximum oblig	ther non-appropriated fun all rates, units, calculation	ds, subject to intercept for Commonwealth owed debts und ns, conditions or terms and any changes if rates or terms a	der 815 CMR 9.00. re being amended.)
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pa a PPD as follows: Payment issued within 10 days% PPD; _% PPD. If PPD percentages are left blank, identify reason: (subsequent payments scheduled to support standard EFT 45	Payment issued within 1 ✓ agree to standard 45	5 days % PPD; Payment issued within 20 days % F 5 day cycle statutory/legal or Ready Payments (M.G.L.	PPD; Payment issued within 30 days
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or I municipalities of the Commonwealth, as appropriated in the Cha The performance period for this award is 7/1/20-6/30/21. The nhow these grant funds were applied. All approved obligations ir to be part of this agreement, are to be funded from the total ammaximum obligation of this contract. COAs are responsible for r	REASON FOR AMENDMI apter 227 of the Acts of 20 nunicipality certifies that the curred prior to the effective bunt awarded under this a	ENT: This contract is to distribute a formula grant award to 20. The award amount is determined by a census-based al ie funds will be used for COA activities, and will complete a re date of this agreement (for which payment obligations har greement. This contract, once executed by both parties, will	location of available grant funding. If final fiscal report accounting for very been triggered) and are intended
ANTICIPATED START DATE: (Complete ONE option only) T	he Department and Contr	actor certify for this Contract, or Contract Amendment, tha	t Contract obligations:
1. may be incurred as of the Effective Date (latest signature	date below) and no oblig	ations have been incurred <u>prior</u> to the Effective Date.	
2. may be incurred as of, 20, a date LATER than ✓ 3. were incurred as of JULY 1, 20 20, a date PRIOR to authorized to be made either as settlement payments or a attached and incorporated into this Contract. Acceptance	he Effective Date below, s authorized reimbursem	vand <u>no</u> obligations have been incurred <u>prior</u> to the Effect and the parties agree that payments for any obligations inc ent payments, and that the details and circumstances of al ases the Commonwealth from further claims related to the	curred prior to the Effective Date are I obligations under this Contract are
CONTRACT END DATE: Contract performance shall terminat provided that the terms of this Contract and performance expenegotiated terms and warranties, to allow any close out or tran	ctations and obligations s	hall survive its termination for the purpose of resolving any	claim or dispute, for completing any
CERTIFICATIONS: Notwithstanding verbal or other represent Amendment has been executed by an authorized signatory of approvals. The Contractor certifies that they have accessed an required under the Standard Contract Form Instructions and Coupon request to support compliance, and agrees that all terms herein according to the following hierarchy of document prece Instructions and Contractor Certifications, the Request for Refunceceptable, and additional negotiated terms, provided that a made using the process outlined in 801 CMR 21.07, incorpora Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	the Contractor, the Depat d reviewed all documents outractor Certifications un governing performance of dence, the applicable Co esponse (RFR) or other stadditional negotiated terms dditional negotiated terms	artment, or a later Contract or Amendment Start Date spe incorporated by reference as electronically published and to der the pains and penalties of perjury, and further agrees to of this Contract and doing business in Massachusetts are a mmonwealth Terms and Conditions, this Standard Contra- solicitation, the Contractor's Response (excluding any lar s will take precedence over the relevant terms in the RFR a	cified above, subject to any required the Contractor makes all certifications or provide any required documentation attached or incorporated by reference of Form, the Standard Contract Form Iguage stricken by a Department as and the Contractor's Response only if lower costs, or a more cost effective
X:	<u>3 12 2</u> 02 of Signature)	X: (Signature and Date Must Be Handwritte	Date: 3 25 2 n At Time of Signature)

Print Name: __ Print Title: __

59



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.macomptroller.org/forms.

https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.i		
CONTRACTOR LEGAL NAME: TOWN OF SANDWICH (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 130 MAIN ST SANDWICH, MA 02563-2208		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: SUSAN MARANCIK	Phone: 508-833-8020	Billing Address (if different):	
E-Mail: smarancik@townofsandwich.net	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191968		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COASANDWICH00000	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	40C-1040L-57550
X NEW CONTRACT		CONTRACT AMEND	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date Prior to Amendment	, 20 <u></u>
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	t)	AMENDMENT TYPE: (Check one option only. Attach d Amendment to Date, Scope or Budget (Attach upda	
Notice or RFR, and Response or other procurement supp	orting documentation)	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)	ge, legislation with	Other Procurement Exception (Attach authorizing lan	
specific exemption or earmark, and exception justification, s	scope and budget)	scope and budget)	
The Standard Contract Form Instructions and Contractor of into this Contract and are legally binding: (Check ONE options) Services Commonwealth 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	nt 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 obligation	all rates, units, calculation	ons, conditions or terms and any changes irrates or terms are fthis contract (or new total if Contract is being amended). \$:	56.304.00.
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pridentify a PPD as follows: Payment issued within 10 days	ayments are issued thro &PPD Payment issued w	ugn EFT 45 days πom invoice receipt. Contractors reque vithin 15 days % PPD: Payment issued within 20 days	% PPD: Payment issued within 30
days % PPD. If PPD percentages are left blank, identify re	eason: 🗸 agree to sta	ndard 45 day cycle statutory/legal or Ready Payments (MG.L. c. 29, § 23A); only initial
payment (subsequent payments scheduled to support stands	ard EFT 45 day payment	cycle. See Prompt Pay Discounts Policy.)	o Councils on Aging of the
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or I municipalities of the Commonwealth, as appropriated in the Ch	apter 227 of the Acts of 20	020. The award amount is determined by a census-based allo	ocation of available grant funding.
The performance period for this award is 7/1/20-6/30/21. The r	nunicipality certifies that the	he funds will be used for COA activities, and will complete a t	final fiscal report accounting for
how these grant funds were applied. All approved obligations i to be part of this agreement, are to be funded from the total am	ncurred prior to the effecti	ve date of this agreement (for which payment obligations have agreement. This contract once executed by both parties, will t	e been triggered) and are intended
maximum obligation of this contract. COAs are responsible for	returning this executed co	intract by no later than June 30, 2021.	
ANTICIPATED START DATE: (Complete ONE option only)			Contract obligations:
1. may be incurred as of the Effective Date (latest signature	e date below) and <u>no</u> obli	gations have been incurred <u>prior</u> to the Effective Date.	a Data
	n the Effective Date below	w and no obligations have been incurred prior to the Effective	e Date.
authorized to be made either as settlement payments or	as authorized reimbursen	nent payments, and that the details and circumstances of all	obligations under this Contract are
attached and incorporated into this Contract. Acceptance	e of payments forever rele	eases the Commonwealth from further claims related to these	e obligations.
CONTRACT END DATE: Contract performance shall termin	nate as of <u>JUNE 30</u>	20 21, with no new obligations being incurred after this da	ate unless the Contract is properly
amended, provided that the terms of this Contract and perfor completing any negotiated terms and warranties, to allow any	mance expectations and close out or transition pe	I obligations shall survive its termination for the purpose of rformance, reporting, invoicing or final payments, or during	any lapse between amendments.
CERTIFICATIONS: Notwithstanding verbal or other represer			
Amendment has been executed by an authorized signatory of	the Contractor the Depa	artment, or a later Contract or Amendment Start Date specifi	ed above, subject to any required
approvals. The Contractor certifies that they have accessed	ed and reviewed all doo	cuments incorporated by reference as electronically publis	shed and the Contractor makes all
certifications required under the Standard Contract Form Instr documentation upon request to support compliance, and a	uctions and Contractor C	ertifications under the pains and penalities of perjury, and fur- verning performance of this Contract and doing business	in er agrees to provide any required in Massachusetts are attached or
incorporated by reference herein according to the following his	erarchy of document pred	edence, the applicable Commonwealth Terms and Condition	ns, this Standard Contract Form, the
Standard Contract Form Instructions and Contractor Certifical by a Department as unacceptable, and additional negotial	ions, the Request for Res	sponse (RFR) or other solicitation, the Contractor's Response	e (excluding any language stricken
Contractor's Response only if made using the process outline costs, or a more cost effective Contract.	din 801 CMR 21.07, inco	provided that any amended RFR or Respor	nse terms result in best value, lower
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	last -	AUTHORIZING SIGNATURE FOR THE COMMONWE	ALTH:
X Collection Date:	1/01/21		ate:
(Signature and Date Must Be Handwritten At Time	e of Signature)	(Signature and Date Must be Handwritten	At Time of Signature)
Print Name: Desgett Dunham		Print Name:	Atribunta
Print Title: Print Title: Print Title:			an tine
O	(Updated 6/3	10/20) Page 1 of 1 0 Nd CON/	



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https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.		
CONTRACTOR LEGAL NAME: TOWN OF SAUGUS (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 298 CENTRAL ST SAUGUS, MA 01906-2152		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: JOANNE OLSEN	Phone: 781-231-4178	Billing Address (if different):	
E-Mail: jolsen@saugus-ma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191969		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD_001.		MMARS Doc ID(s): FY21COASAUGUS0000000	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-1	040C-1040L-57550
XNEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department)Collective Purchase (Attach OSD approval, scope, budget)Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation)Emergency Contract (Attach justification for emergency, scope, budget)Contract Employee (Attach Employment Status Form, scope, budget)Other Procurement Exception (Attach authorizing language, legislation with		CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment:, 20 Enter Amendment Amount: \$ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) Amendment to Date, Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget) Contract Employee (Attach any updates to scope or budget) Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)	
specific exemption or earmark, and exception justification, and Example of 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 fo	ollowing Commonwealth Terms and Conditions docume Terms and Conditions <u>✓</u> Commonwealth Terms and Conditi	nt are incorporated by reference ions For Human and Social
COMPENSATION: (Check ONE option): The Department ceri in the state accounting system by sufficient appropriations or a Rate Contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum obligation PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth p.	other non-appropriated fur fall rates, units, calculation gation for total duration of avments are issued thro	nds, subject to intercept for Commonwealth owed debts und ons, conditions or terms and any changes if rates or terms ar f this contract (or <i>new</i> total if Contract is being amended). \$ ugh EFT 45 days from invoice receipt. Contractors reque	er 815 CMR 9.00. e being amended.) 77,724.00. esting accelerated payments must
identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.) BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant funding. The performance period for this award is 7/1/20-6/30/21. The municipality certifies that the funds will be used for COA activities, and will complete a final fiscal report accounting for how these grant funds were applied. All approved obligations incurred prior to the effective date of this agreement (for which payment obligations have been triggered) and are intended to be part of this agreement. This contract, once executed by both parties, will be treated as the sole invoice for the			
maximum obligation of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021. ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:			
CONTRACT END DATE: Contract performance shall termin amended, provided that the terms of this Contract and perfor completing any negotiated terms and warranties, to allow any	mance expectations and close out or transition per	obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during	fresolving any claim or dispute, for g any lapse between amendments.
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contractor Amendment shall be the latest date that this Contractor Amendment Start Date specified above, subject to any recapitor approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor mal certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any redocumentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attact incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language st by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR at Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: Date:			ied above, subject to any required shed and the Contractor makes all ther agrees to provide any required in Massachusetts are attached or ns, this Standard ContractForm, the e (excluding any language stricken relevant terms in the RFR and the nse terms result in best value, lower ALTH:

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

https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.	mass.gov/lists/osd-forms.		
CONTRACTOR LEGAL NAME: TOWN OF SCITUATE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 600 CHIEF JUSTICE CUSHING HWY SCITUATE, MA 02066-3297		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: LINDA P. HAYES	Phone: 781-545-8722	Billing Address (if different):		
E-Mail: lhayes@scituatema.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191971		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COASCITUATE00000		
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-	1040 C-1040L-57550	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		CONTRACT AMENDMENT Enter Current ContractEnd 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 options and Conditions)	Certifications and the foon): Commonwealth	llowing Commonwealth Terms and Conditions docume Ferms and Conditions <u>✓</u> Commonwealth Terms and Condi	entare incorporated by reference tions For Human and Social	
COMPENSATION: (Check ONE option): The Department cert in the state accounting system by sufficient appropriations or compensation. Attach details of which was immediated to the Maximum Obligation. Attach details of which was immediated to the Maximum Obligation Contract. Enter total maximum obligation.	other non-appropriated fur fall rates, units, calculatio	nds, subject to intercept for Commonwealth owed debts un ons, conditions or terms and any changes if rates or terms a	der 815 CMR 9.00. re being amended.)	
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maximum obligation of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021. ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligation of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date. 2. may be incurred as of, 20, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date. 3. were incurred as of, 20, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under			ive Date. curred prior to the Effective Date are Il 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 proper 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 amendment				
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 Start Date specified above, subject to any approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attended in corporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best valued to the contractor Certifications and Contractor's Response terms result in best valued to the contractor Certifications and Contractor's Response terms result in best valued to the contract of the contractor's Response terms result in best valued to the contract of the contractor's Response terms result in best valued to the contract of the contract of the contractor's Response terms result in best valued to the contract of the co			ified above, subject to any required lished and the Contractor makes all urther agrees to provide any required is in Massachusetts are attached or ons, this Standard Contract Form, the se (excluding any language stricken e relevant terms in the RFR and the onse terms result in best value, lower EALTH:	

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

and

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This form is jointly issued and published by the Office of the Comptoller (CTR), the Executive Office for Administration and Finance (ANF), and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form or to the Standard Contract Form Instructions and Contractor Certifications, the Commonwealth Terms and Conditions for Human and Social Services or the Commonwealth IT Terms and Conditions which are incorporated by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access published forms at CTR Forms: https://www.macomptoller.org/forms. Forms are also noted at OSD Forms; there;//www.macomptoller.org/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 SEEKONK (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 100 PECK ST SEEKONK, MA 02771-5116		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: ASHLEY CARTWRIGHT	Phone: 508-336-8772	Billing Address (if different):		
E-Mail: acartwright@seekonk-ma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191972		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COASEEKONK000000		
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-1	040 C-1040L-57550	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) _ Statewide Contract (OSD or an OSD-designated Department) _ Collective Purchase (Attach OSD approval, scope, budget) _ Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) _ Emergency Contract (Attach justification for emergency, scope, budget) _ Contract Employee (Attach Employment Status Form, scope, budget) _ Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment:, 20 Enter Amendment Amount: \$ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) Amendment to Date, Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget) Contract Employee (Attach any updates to scope or budget) Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)		
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COMPENSATION: (Check ONE option): The Department certing the state accounting system by sufficient appropriations or one Rate Contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum obligation	ther non-appropriated fur all rates, units, calculatio	nds, subject to intercept for Commonwealth owed debts und ins, conditions or terms and any changes if rates or terms ar	er 815 CMR 9.00. re being amended.)	
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1. may be incurred as of the Effective Date (latest signature2. may be incurred as of, 20, a date LATER than			o Data	
3. were incurred as of <u>JULY 1</u> , 20 20, a date PRIOR to the authorized to be made either as settlement payments or a	ne Effective Date below, is authorized reimbursem		urred prior to the Effective Date are obligations under this Contract are	
CONTRACT END DATE: Contract performance shall termin amended, provided that the terms of this Contract and perform completing any negotiated terms and warranties, to allow any of the contract and the contract a	nance expectations and	obligations shall survive its termination for the ourpose of	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes a certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any require documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Contract Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricks by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, low costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH; Signature and Date Must Be Handwritten At Time of Signature) Print Name: Print Title: Town Administration Print Title: Pri				
	(Updated 6/30	0/20) Page 1 of 1 and Confr	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 on the prescribed by regulation or policy. The Commonwealth deems void any changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form to the **Standard Contract Form Instructions and Contractor Certifications**, the **Commonwealth Terms and Conditions for Human and Social Services** or the **Commonwealth IT Terms and Conditions** which are incorporated by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access published forms at CTR Forms: https://www.macomptroller.org/forms. Forms are also posted at OSD Forms: https://www.macomptroller.org/forms.

COMMONWEALTH DEPARTMENT VAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MARGE Department Code: Legal Address: (WA, W4-P) POROX313 Contract Manager: KATHLEEN MEDEROS Phone: 781-784-8000 Billing Address: (I different): E-Mail: Kimederios@comordharon.org Fax: Contract Manager: KATHLEEN MEDEROS Phone: 781-784-8000 Billing Address: (I different): E-Mail: Kimederios@comordharon.org Fax: Contract Manager: STACEF ANNE COONNELL Phone: 917-222-7419 Marke STACEF ANNE COONNELL Phone: 917-222-7419 Marke STACEF ANNE COONNELL MARGE SDE (Life): PT21COASSARONO00000 REPROCUEENET OR EXCEPTION TYPE: (Check one option only) Statewards Contract (SDD or on SOE): elouging old Department) Collective Purchase (Mato Assaronom Assar	https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.	mass.gov/lists/osd-forms.	
SHARON, MA 92867-9313 EMail: Kinedeoregi@comofsharon.org Fax: Contract Manager: KATHLEEN MCDEROS Phone: 781-784-8000 Billing Address (if different): Contract Vender Code: Vc6000191873 Fax: Contract Vender Code: Vc6000191873 Fax: Contract Vender Code: Vc6000191873 Fax: Fax: Fax: Fax: Fax: Fax: Fax: Fax:	Tank and Wardington			
EMail: Kmedeiros@toumofsharon.org Contractor Vandor Codes (V6000191873 EMail: STACEYOCONRELL [BANAS.GOV FA. 2011. (Note: The Address ID (e.g. "A00011"; AD _0011. MARAS Doo ID (19): PT21 COSARHAROM000000 REFRIPTOCUREMENT OR EXCEPTION TYPE: (Check one option only) Sataswide Contract (CSO) or an OSD-designated Department Collective Purchase (Abch CSD approval scope). budget Department Procurement (includes all Cambs - 815 CMR 2.00) (Solidiation Notice on RFR, and Responses or Obtain authorizing Inarque, legislation with specific exemption or a amant, and exception justification, scope and budget) Department Procurement (includes all Cambs - 815 CMR 2.00) (Solidiation Notice on RFR, and Responses or Obtain authorizing Inarque, jegislation with specific exemption or a amant, and exception justification, scope and budget) The Standard Comment Exception (Nation authorizing Inarque, jegislation) Has Standard Comment Exception (Nation authorizing Inarque, jegislation) Has Standard Comment Exception (Nation and Contractor Certifications and the following Commonwealth Terms and Contributors or Songer and budget) The Standard Comment Exception (Nation and Contributors Certifications and the following Commonwealth Terms and Contilitions of Commonwealth Terms and Social Songer Commonwealth Terms and Contilitions of Commonwealth Terms and Social Songer Commonwealth Terms and Contilitions of Commonwealth Terms and Social Soc			Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
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Window Code Address D (e.g. "AD001"): AD 001.	E-Mail: Kmedeiros@townofsharon.org	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
RFRProcurement or Other ID Number: BD-21-1040-1040C-104IL-57559 RFRCUREMENT OR EXCEPTION TYPE: Check one option only) Statewide Contract (CSD) or an OSD-designated Department) Collective Purchase (Mach OSD approval scope, budgel) Department Procurement (Includes all Grains - 8-16 CMR 2.00) (Solicitation Notice or RFR), and Response or Other procurement purporting documentation) Emergency Contract (Raine) (Includes all Grains - 8-16 CMR 2.00) (Solicitation Notice or RFR), and Response or Other procurement purporting documentation) Emergency Contract (Raine) (Includes all Grains - 8-16 CMR 2.00) (Solicitation Solicitation Contract) OFF (Includes all Grains - 8-16 CMR 2.00) (Solicitation Solicitation Contract (Includes all Grains - 8-16 CMR 2.00) (Solicitation Solicitation Contract (Includes all Grains - 8-16 CMR 2.00) (Solicitation Solicitation Contract (Includes all Grains - 8-16 CMR 2.00) (Solicitation Contract (Includes all Grains - 8-16 CMR 2.00) (Solicitation Contract (Includes all Grains - 8-16 CMR 2.00) (Solicitation Contract (Includes all Grains - 8-16 CMR 2.00) (Solicitation Contract (Includes all Grains - 8-16 CMR 2.00) (Solicitation Contract (Includes all Grains - 8-16 CMR 2.00) (Solicitation Contract (Includes all Grains - 8-16 CMR 2.00) (Solicitation Contract (Includes all Grains - 8-16 CMR 2.00) (Solicitation Contract (Includes all Grains - 8-16 CMR 2.00) (Solicitation Contract (Includes all Grains - 8-16 CMR 2.00) (Solicitation Contract (Includes all Grains - 8-16 CMR 2.00) (Solicitation Contract (Includes all Grains - 8-16 CMR 2.00) (Solicitation Contract (Includes all Grains - 8-16 CMR 2.00) (Solicitation Contract (Includes all Grains - 8-16 CMR 2.00) (Solicitation Contract (Includes all Grains - 8-16 CMR 2.00) (Solicitation Contract (Includes all Grains - 8-16 CMR 2.00) (Solicitation Contract (Includes all Grains - 8-16 CMR 2.00) (Solicitation Contract (Includes all Grains - 8-16 CMR 2.00) (Solicitation Contract (Includes all Grains - 8-16 CMR 2.00) (Solicitation Contract (Includes all Grains	Contractor Vendor Code: VC6000191973		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
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Identify a PPD as follows: Payment issued within 10 days				
municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based alocation 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 to be part of this agreement, are to be funded from the total amount awarded under this agreement. This contract, or contract, considering the treated as the sole invoice for fundamental priors. The contract of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021. ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: —1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date. —2. may be incurred as of 100 and a date PRIOR to the Effective Date below and no obligations have been incurred prior to the Effective Date. —3. were incurred as of 500 LLY1, 2020 and a date PRIOR to the Effective Date below, and the partics agree that payments for any obligations incurred prior to the Effective Date and authorized to be made either as settlement payments or as authorized relimbursement payments, and that the details and circumstances of all obligations. CONTRACT END DATE: Contract performance shall terminate so of JUNE 30, 2021, with no new obligations being incurred after this date unless the Contract is proper 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 of this Contract and pe	identify a PPD as follows: Payment issued within 10 days9 days% PPD. If PPD percentages are left blank, identify re	% PPD; Payment issued w eason: <u>√</u> agree to star	ithin 15 days % PPD; Payment issued within 20 days _ ndard 45 day cycle statutory/legal or Ready Payment	% PPD; Payment issued within 30
	BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant funding The performance period for this award is 7/1/20-6/30/21. The municipality certifies that the funds will be used for COA activities, and will complete a final fiscal report accounting 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 intent 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			
2. may be incurred as of	The state of the s			t Contract obligations:
authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are 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 at 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 proper 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 amendment completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendment approvals. The Contractor certifications by the Parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifications required under the Standard Contract Form Instructions and Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any require approvals 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 Co	1. may be incurred as of the Effective Date (latest signature	e date below) and <u>no</u> obli	gations have been incurred <u>prior</u> to the Effective Date.	five Data
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 proper 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 amendment. CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract. Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifics that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes a certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any require documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language strick		the Effective Date below	ward no obligations have been incurred prior to the Ellect	curred prior to the Effective Date are
CONTRACT END DATE: Contract performance shall terminate as ofJUNE_30, 20_21, with no new obligations being incurred after this date unless the Contract is proper 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 amendment of 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 amendment of the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifications trequired under the Standard Contract Form Instructions and Contract Form Instructions and Contract Form Instructions and Contract Form Instructions 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 stricked by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, low costs,	authorized to be made either as settlement payments or	as authorized reimbursem	ent payments, and that the details and circumstances of a	Illobligations under this Contract are
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 amendment of the completing and payments. The Contract or Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this Contract Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this Contract and shall be the latest date that this Contract and shall be the latest date that this Contract and shall be the latest date that this Contract and shall be the latest date that this Contract and shall be the latest date that this Contract and shall be the latest date that this Contract and shall be the latest date that this Contract and shall be the latest date that this Contract or Certifications and Contract Form, the Standard Contract form the shall be the latest date that this Contract or Amendment shall be the latest date that this Contract or Amendment	attached and incorporated into this Contract. Acceptance	of payments forever rele	eases the Commonwealth from further claims related to the	ese obligations.
Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes a certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required occumentation 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, it Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricke by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, low costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: Y: Cignature and Date Must Be Handwritten At Time of Signature) Print Name: Print Name:	amended provided that the terms of this Contract and perform	mance expectations and	obligations shall survive its termination for the purpose	of resolving any claim or dispute, for
	ified above, subject to any required lished and the Contractor makes all urther agrees to provide any required as in Massachusetts are attached or ons, this Standard Contract Form, the use (excluding any language stricken the relevant terms in the RFR and the onse terms result in best value, lower EALTH:			

This form is jointly issued and published by the Office of the 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 Services Division (OSD) as the default contract for all Commonwealth Departments when another forms not presented by regarded by policy. The Commonwealth IT Terms and Contract Form changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published formor to the Standard Contract Form changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published formor to the Standard Contract Forms changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published formor to the Standard Contract Form changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published formor to the Standard Contract Form changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published formor to the Standard Contract Form changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published formor to the Standard Contract Form changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published formor to the Standard Contract Form changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published formor to the Standard Contract Form changes made on or by attachment (in the form of addendum, engagement letters, contract forms) and the standard Contract Formor changes made on or by attachment (in the form of addendum, engagement letters, contract forms) and the standard Contract Formor changes made on or by attachment (in the form of addendum, engagement letters) and the standard Contract Formor changes made on or by attachment (in the form of addendu

are incorporated by reference herein. Additional non-con https://www.macomptroller.org/forms. Forms are also posted at	flicting terms may be ac OSD Forms: https://www.r	TBSS.gov/iists/osu-iorris.	
CONTRACTOR LEGAL NAME: TOWN OF SHEFFIELD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 21 DEPOT ST SHEFFIELD, MA 01257-0325	1	Business Mailing Address: 1 ASHBURTON PL BOST	ON, MA 02108
Contract Manager: KATHY LORING	Phone: 413-229-7037	Billing Address (if different):	
E-Mail: kloring@sheffieldma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191974	- 1 of Same	E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COASHEFFIELD0000	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-1	040 C-1 040L-57550
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option	n only)	CONTRACT AMEND 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	e")
Collective Purchase (Attach OSD approval, scope, budge	et)	AMENDMENT TYPE: (Check one option only. Attach on the Amendment to Date, Scope or Budget (Attach update)	ated scope and hudget)
Department Procurement (includes all Grants - 815 CMR Notice or RFR, and Response or other procurement supp	orting documentation)	Amendment to Date, Scope or Budget (Atlact) upon Interim Contract (Atlach justification for Interim Contract	ract and updated scope/budget)
Emergency Contract (Attach justification for emergency, s	scope, budget)	Contract Employee (Attach any updates to scope or	budget)
Contract Employee (Attach Employment Status Form, sco Other Procurement Exception (Attach authorizing langua	pe, budget)	Other Procurement Exception (Attach authorizing la	anguage/justification and updated
angelife examption or earmark and exception justification	scope and budget)	scope and budget)	
The Standard Contract Form Instructions and Contractor into this Contract and are legally binding: (Check ONE opinions). ServicesCommonwealth IT Terms and Conditions	ion):Commonwealth	Terms and Conditions V Confibritive and Terms and Condition	action of Figure 11 and cooks.
COMPENSATION: (Check ONE option): The Department cer	other non-appropriated to fall rates, units, calculation	ons, conditions or terms and any changes if rates or terms a	re being amended.)
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth p	gueente con legue d'ébre	such EET 45 days from invoice receipt Contractors requi	esting accelerated payments must
identify a PPD as follows: Payment issued within 10 days	% PPD; Payment issued v reason: ✔ agree to sta	within 15 days % PPD, Payment issued within 20 days _ andard 45 day cycle statutory/legal or Ready Payments	
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 function of 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 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 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 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 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 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 the performance period for this award is 7/1/20-6/30/21.			a final fiscal report accounting for ye been triggered) and are intended
ANTICIPATED START DATE: (Complete ONE option only)	The Department and Con	tractor certify for this Contract, or Contract Amendment, tha	t Contract obligations:
1. may be incurred as of the Effective Date (latest signatu			ive Date.
✓ 3. were incurred as of JULY1, 20 20 , a date PRIOR to	the Effective Date below	v, and the parties agree that payments for any obligations in ment payments, and that the details and circumstances of a leases the Commonwealth from further claims related to the	Il obligations under this Contract are
CONTRACT END DATE: Contract performance shall term amended, provided that the terms of this Contract and performance and performance and performance and warranties, to allow an	inate as of JUNE 30	, 20 21, with no new obligations being incurred after this	date unless the Contract is properly of resolving any claim or dispute, for
America Americ	of the Contractor, the Depsed and reviewed all do tructions and Contractor (agrees that all terms go nierarchy of document preations, the Request for Reated terms, provided that led in 801 CMR 21.07, income the contractor of the	cuments incorporated by reference as electronically pub Certifications under the pains and penalties of perjury, and fu verning performance of this Contract and doing busines decedence, the applicable Commonwealth Terms and Conditions esponse (RFR) or other solicitation, the Contractor's Respon t additional negotiated terms will take precedence over the corporated herein, provided that any amended RFR or Resp	lished and the Contractor makes all urther agrees to provide any required as in Massachusetts are attached or ons, this Standard Contract Form, the ise (excluding any language stricken he relevant terms in the RFR and the onse terms result in best value, lower EALTH:
	(Updated 6/	(30/20) Page 1 of 1	will be will

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https://www.naconpublier.org/ionns. Forms are also posted at	Coop Forms, thips nwww.	niass.govinsiaiosq-iorna.	
CONTRACTOR LEGAL NAME: TOWN OF SHELBURNE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 51 BRIDGE ST SHELBURNE FALLS, MA 01370-1102		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: CATHY BUNTIN	Phone: 413-625-2502	Billing Address (if different):	
E-Mail: sfsrctr@crocker.com	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191975		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COASHELBURNEFALL	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-16	040C-1040L-57550
X NEW CONTRACT		CONTRACT AMEND	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date Prior to Amendment	Market Market Control of the Control
Statewide Contract (OSD or an OSD-designated Departm	ent)	Enter Amendment Amount: \$ (or "no change	
Collective Purchase (Allach OSD approval, scope, budge Department Procurement (includes all Grants - 815 CMR	1)	AMENDMENT TYPE: (Check one option only. Attach o	A CONTRACTOR OF THE PROPERTY O
Notice or RFR, and Response or other procurement supp		Amendment to Date, Scope or Budget (Atlach upda Interim Contract (Atlach justification for Interim Contr	
Emergency Contract (Atlach justification for emergency, s		Contract Employee (Attach any updates to scope or	
 Contract Employee (Atlach Employment Status Form, sco Other Procurement Exception (Atlach authorizing langua 		Other Procurement Exception (Attach authorizing la	The state of the second
specific exemption or earmark, and exception justification,	scope and budget)	scope and budget)	
The Standard ContractForm Instructions and Contractor into this Contract and are legally binding: (Check ONE options of Commonwealth IT Terms and Conditions	Certifications and the foon): Commonwealth	ollowing Commonwealth Terms and Conditions docume Terms and Conditions ✓ Commonwealth Terms and Conditions	ntare incorporated by reference ions For Human and Social
COMPENSATION: (Check ONE option): The Department cer	ifies that payments for au	thorized performance accepted in accordance with the term	s of this Contract will be supported
in the state accounting system by sufficient appropriations or	other non-appropriated fur	nds, subject to intercept for Commonwealth owed debts und	er 815 CMR 9.00.
Rate Contract. (No Maximum Obligation) Atlach details o Maximum Obligation Contract. Enter total maximum obli			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth p identify a PPD as follows: Payment issued within 10 days	ayments are issued thro % PPD: Pavment issued v	vithin 15 days % PPD; Payment issued within 20 days	% PPD; Payment issued within 30
days % PPD. If PPD percentages are left blank, identify r	eason: _ < agree to sta	ndard 45 day cycle statutory/legal or Ready Payments ([M.G.L. c. 29, § 23A); only initial
payment (subsequent payments scheduled to support stand BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or	ard EFT 45 day payment	cycle. See Prompt Pay Discounts Policy.)	he Councils on Aging of the
municipalities of the Commonwealth, as appropriated in the Ch	apter 227 of the Acts of 2	020. The award amount is determined by a census-based all	ocation of available grant funding.
The performance period for this award is 71/1/20-6/30/21. The how these grant funds were applied. All approved obligations	nunicipality certifies that t	he funds will be used for COA activities, and will complete a	final fiscal report accounting for
to be part of this agreement, are to be funded from the total an	ncune a prior to the ellect rount awarded under this	agreement. This contract, once executed by both parties, will	be treated as the sole invoice for he
maximum obligation of this contract. COAs are responsible for	returning this executed co	ontract by no later than June 30, 2021.	
ANTICIPATED START DATE: (Complete ONE option only)			Contract obligations:
1. may be incurred as of the Effective Date (latest signatur 2. may be incurred as of, 20, a date LATER that	e date below) and <u>no</u> obl n the Effective Date helo	igations have been incurred <u>prior</u> to the Elective Date. w and no obligations have been incurred prior to the Effective	ve 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 inc	surred prior to the Effective Date are
authorized to be made either as settlement payments or	as authorized reimburser	ment payments, and that the details and circumstances of all	lobligations under this Contract are
		eases the Commonwealth from further claims related to thes	
CONTRACT END DATE: Contract performance shall termi amended, provided that the terms of this Contract and perfor	nate as of JUNE 30	, 20 <u>21,</u> with no new obligations being incurred after this d displayions shall survive its termination for the purpose of	ate unless the Contract is properly fresolving any claim or dispute, for
completing any negotiated terms and warranties, to allow any	close out or transition pe	erformance, reporting, invoicing or final payments, or during	g any lapse between amendments.
CERTIFICATIONS: Notwithstanding verbal or other represen	ntations by the parties, the	e "Effective Date" of this Contract or Amendment shall be	the latest date that this Contract or
Amendment has been executed by an authorized signatory of	fthe Contractor, the Dep	artment, or a later Contract or Amendment Start Date specific	fied above, subject to any required
approvals. The Contractor certifies that they have access certifications required under the Standard Contract Form Instru	ed and reviewed all doc auctions and Contractor C	cuments incorporated by reference as electronically public cutifications under the pains and penalties of periury, and ful	ther agrees to provide any required
documentation upon request to support compliance, and a	agrees that all terms go	verning performance of this Contract and doing business	s in Massachusetts are attached or
incorporated by reference herein according to the following hi Standard Contract FormInstructions and Contractor Certifica	erarchy of document pred	cedence, the applicable Commonwealth Terms and Condition	ns, this Standard Contract Form, he
by a Department as unacceptable, and additional negotia	ted 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 outline	din 801 CMR 21.07, inc	orporated herein, provided that any amended RFR or Respo	nse terms result in best value, lower
costs, or a more cost effective Contract AUTHORIZING SIGNATURE FOR THE CONTRACTOR:		AUTHORIZING SIGNATURE FOR THE COMMONWE	ALTH:
1 120,6000	. 11	Vigo DAA (ma a a /	7 -18 -21
X: Signature and Date Must Be Handwritten At Tim		X: Signature and Date Must Be Handwitter	ate: O CO C
Print Name: Andrew Baker .		Print Name: Kegny (Dnn)	
Print Title: Selectboard Chair.		Print Title:	A clayoury
,	(Updated 6/3	30/20) Page 1 of 1	1 Contracting

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

https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.	mass.gov/lists/osd-forms.	
CONTRACTOR LEGAL NAME: TOWN OF SHERBORN (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 19 WASHINGTON ST SHERBORN, MA 01770-1025		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: SUSAN KELLIHER	Phone: 508-651-7858	Billing Address (if different):	
E-Mail: coadirector@sherbornma.org	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191976		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COASHERBORN00000	
(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 optionStatewide Contract (OSD or an OSD-designated DepartmeCollective Purchase (Attach OSD approval, scope, budget	ent)	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	, 20 <u>.</u>
Department Procurement (includes all Grants - 815 CMR 2 Notice or RFR, and Response or other procurement suppo Emergency Contract (Attach justification for emergency, so Contract Employee (Attach Employment Status Form, sco ✓ Other Procurement Exception (Attach authorizing languag specific exemption or earmark, and exception justification, so	2.00) (Solicitation rting documentation) cope, budget) se, budget) e, legislation with cope and budget)	Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra Contract Employee (Attach any updates to scope or b Other Procurement Exception (Attach authorizing lar scope and budget)	ted scope and budget) act and updated scope/budget) budget) nguage/justification and updated
The Standard Contract Form Instructions and Contractor C into this Contract and are legally binding: (Check ONE option ServicesCommonwealth IT Terms and Conditions			
COMPENSATION: (Check ONE option): The Department certiin the state accounting system by sufficient appropriations or ofRate Contract. (No Maximum Obligation) Attach details ofMaximum Obligation Contract. Enter total maximum oblig	her non-appropriated fun all rates, units, calculation	ds, subject to intercept for Commonwealth owed debts unde ns, conditions or terms and any changes if rates or terms are	er 815 CMR 9.00. e being amended.)
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pay a PPD as follows: Payment issued within 10 days% PPD; % PPD. If PPD percentages are left blank, identify reason: (subsequent payments scheduled to support standard EFT 45	Payment issued within 1: ✓ agree to standard 45	5 days % PPD; Payment issued within 20 days % PF 5 day cycle statutory/legal or Ready Payments (M.G.L. c.	PD; Payment issued within 30 days
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant funding The performance period for this award is 7/1/20-6/30/21. The municipalities 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 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 intention be part of this agreement, are to be funded from the total amount awarded under this agreement. This contract, once executed by both parties, will be treated as the sole invoice maximum obligation of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021.			
ANTICIPATED START DATE: (Complete ONE option only) To			Contract obligations:
1. may be incurred as of the Effective Date (latest signature			5.4
	he Effective Date below, a authorized reimbursement		rred prior to the Effective Date are obligations under this Contract are
CONTRACT END DATE: Contract performance shall terminate provided that the terms of this Contract and performance expernegotiated terms and warranties, to allow any close out or trans	ctations and obligations s	hall survive its termination for the purpose of resolving any of	claim or dispute, for completing any
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications under the pains and penalties of perjury, and further agrees to provide any required documents 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 refers herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response of 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 to the contract of the Contra			
(Signature and Date Must Be Handwritten At Time of Signature) Print Name: UHNE MOONE . Print Title: PCS (STA) DT TOWN AT MINISTER		(Signature and Date Must Be Handwritten	



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.

intps://www.nacompilolier.org/iorna. 1 orna are also posted at	COD I CITIS. IIIIps://www.	TESS.govillstorosa lottis.		
CONTRACTOR LEGAL NAME: TOWN OF SHIRLEY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): PO BOX 518 SHIRLEY, MA 01464-0518		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: MARILYN LARGEY	Phone: 978-425-1390	Billing Address (if different):		
E-Mail: coadirector@shirley-ma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191977		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD_001.		MMARS Doc ID(s): FY21COASHIRLEY000000	30-00-00-00-00-00-00-00-00-00-00-00-00-0	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	40C-1040L-57550	
X NEW CONTRACT		CONTRACT AMEND		
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date <u>Prior</u> to Amendment:		
Statewide Contract (OSD or an OSD-designated Departm	T. 1	Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scope, budge	t)	AMENDMENT TYPE: (Check one option only. Attach d		
Department Procurement (includes all Grants - 815 CMR) Notice or RFR, and Response or other procurement support		Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contract)		
Emergency Contract (Attach justification for emergency, s	cope, budget)	Contract Employee (Attach any updates to scope or b		
 Contract Employee (Attach Employment Status Form, scoper Other Procurement Exception (Attach authorizing language) 		Other Procurement Exception (Attach authorizing lar	THE PART OF THE PA	
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 options) Services Commonwealth IT Terms and Conditions				
COMPENSATION: (Check ONE option): The Department cert in the state accounting system by sufficient appropriations or continuous cont				
Rate Contract. (No Maximum Obligation) Attach details of				
✓ Maximum Obligation Contract. Enter total maximum oblig	gation for total duration of	this contract (or new total if Contract is being amended). \$ _	12,492.00.	
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	ithin 15 days % PPD; Payment issued within 20 days	% PPD; Payment issued within 30	
payment (subsequent payments scheduled to support standa			vi.o.c. c. 20, g 20/y, only initial	
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or F municipalities of the Commonwealth, as appropriated in the Charles 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 ammaximum obligation of this contract. COAs are responsible for	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 allo ne 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 b	cation of available grant funding. inal fiscal report accounting for been triggered) and are intended	
ANTICIPATED START DATE: (Complete ONE option only) T	•	A PORT A STOCK OF THE SECOND SECURITY OF THE SECOND	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.	patation to the first the patable of the second parts.	
2. may be incurred as of, 20, a date LATER than	the Effective Date below	v and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
3. were incurred as of <u>JULY 1</u> , 20 <u>20</u> , a date PRIOR to t		and the parties agree that payments for any obligations incu ent payments, and that the details and circumstances of all c		
		ent payments, and that the details and circumstances of airc eases the Commonwealth from further claims related to these		
CONTRACT END DATE: Contract performance shall termin	ate as of _JUNE 30_,	20 21, with no new obligations being incurred after this da	te unless the Contract is properly	
amended, provided that the terms of this Contract and perform completing any negotiated terms and warranties, to allow any				
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower				
costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X:			te: 2-11-2/	
	(Updated 6/30	0/20) Page 1 of 1	wing -	



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.i	mass.gov/iisis/osu-iorns.	
CONTRACTOR LEGAL NAME: TOWN OF SOMERSET (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 140 WOOD ST SOMERSET, MA 02726-5225		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: SHAUNA GEARY	Phone: 508-646-2833	Billing Address (if different):	
E-Mail: coa@town.somerset.ma.us	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191982		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COASOMERSET00000	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	040 C-1040L-57550
X NEW CONTRACT		CONTRACT AMEND	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date <u>Prior</u> to Amendment:	
Statewide Contract (OSD or an OSD-designated Departm	ent)	Enter Amendment Amount: \$ (or "no change AMENDMENT TYPE: (Check one option only. Attach or	
Collective Purchase (Attach OSD approval, scope, budge Department Procurement (includes all Grants - 815 CMR	2.00) (Solicitation	Amendment to Date, Scope or Budget (Attach upda	
Notice or RFR, and Response or other procurement supp	orting documentation)	Interim Contract (Attach justification for Interim Contr	act and updated scope/budget)
Emergency Contract (Attach justification for emergency, s Contract Employee (Attach Employment Status Form, sco	cope, budget) be, budget)	Contract Employee (Attach any updates to scope or	
Other Procurement Exception (Attach authorizing langual specific exemption or earmark, and exception justification,	ge, legislation with scope and budget)	Other Procurement Exception (Attach authorizing la scope and budget)	9 888 44 888
The Standard Contract Form Instructions and Contractor of into this Contract and are legally binding: (Check ONE options Commonwealth IT Terms and Conditions	Certifications and the foon): Commonwealth	ollowing Commonwealth Terms and Conditions documenterms 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	ifies that payments for au	thorized performance accepted in accordance with the term	s of this Contract will be supported
in the state accounting system by sufficient appropriations or o	other non-appropriated fur	nds, subject to intercept for Commonwealth owed debts und	er 815 CMR 9.00.
Rate Contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum obligation	all rates, units, calculated	ons, conditions or terms and any changes irrates or terms and any changes irrates or terms are fitness. \$	61,128.00.
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pa			
identify a PPD as follows: Payment issued within 10 days	6 PPD: Payment issued w	vithin 15 days % PPD: Payment issued within 20 days	% PPD; Payment issued within 30
days % PPD. If PPD percentages are left blank, identify re	eason: 🗹 agree to sta	ndard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial
payment (subsequent payments scheduled to support stands BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or	REASON FOR AMENDM	ENT: This contract is to distribute a formula grant award to the	ne Councils on Aging of the
municipalities of the Commonwealth, as appropriated in the Ch	apter 227 of the Acts of 2	020. The award amount is determined by a census-based all	ocation of available grant funding.
The performance period for this award is 7/1/20-6/30/21. The r how these grant funds were applied. All approved obligations is	nunicipality certifies that t ncurred prior to the effecti	he funds will be used for COA activities, and will complete a ve date of this agreement (for which payment obligations hav	re been triggered) and are intended
to be part of this agreement, are to be funded from the total am	ount awarded under this a	agreement. This contract, once executed by both parties, will	be treated as the sole invoice for he
maximum obligation of this contract. COAs are responsible for ANTICIPATED START DATE: (Complete ONE option only)	returning this executed co	ontract by no later than June 30, 2021.	Contract obligations:
1. may be incurred as of the Effective Date (latest signature	e date below) and no obli	igations have been incurred prior to the Effective Date.	oon a dot ob nga tono.
2. may be incurred as of, 20, a date LATER tha	n the Effective Date belo	w and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	ve 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 inc	urred prior to the Effective Date are
authorized to be made either as settlement payments or	as authorized reimburser a of navments forever rel	ment payments, and that the details and circumstances of all eases the Commonwealth from further claims related to thes	se obligations.
CONTRACT END DATE: Contract performance shall termin			
amonded provided that the terms of this Contract and perfor	mance expectations and	dobligations shall survive its termination for the purpose of	fresolving any claim or dispute, for
completing any negotiated terms and warranties, to allow any			
CERTIFICATIONS: Notwithstanding verbal or other represent Amendment has been executed by an authorized signatory or	ntations by the parties, the	e "Effective Date" of this Contract or Amendment shall be	the latest date that this Contract or
approvals. The Contractor certifies that they have accessed	ed and reviewed all doo	cuments incorporated by reference as electronically publi	ished and the Contractor makes all
certifications required under the Standard Contract Form Instr documentation upon request to support compliance, and a	uctions and Contractor C	ertifications under the pains and penalties of perjury, and ful	rther agrees to provide any required
incorporated by reference herein according to the following hi	erarchy of document pred	cedence, the applicable Commonwealth Terms and Conditio	ns, this Standard Contract Form, the
Standard Contract Form Instructions and Contractor Certifications, the Request for Res by a Department as unacceptable, and additional negotiated terms, provided that a		sponse (RFR) or other solicitation, the Contractor's Respons	se (excluding any language stricken
by a Department as unacceptable, and additional negotial Contractor's Response only if made using the process outline costs, or a more cost effective Contract.	ed terms, provided that ed in 801 CMR 21.07, inco	orporated herein, provided that any amended RFR or Respo	nse terms result in best value, lower
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	1. 1.	AUTHORIZING SIGNATURE FOR THE COMMONWE	ALTH:
X: BULLETAB . Date:	1/27/21	X: 1400 (000). D	ate: 2-15 2.
(Signature and Date Must Be Handwritten At Tim	e of Signature)	(Signature and Date Must Be Handwritter	At Time of Signature)
Print Name: Richard Brown.	_	Print Name: CGG CONNER	Dunantin
Print Title: Town Hoministrator		Print Title:	Hi country
	(Updated 6/3	30/20) Page 1 of 1	CAMPONIA

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.

are incorporated by reference fields. Additional field continuous interest and continuous fields. Additional field continuous fields. Additional field continuous fields. Additional field continuous fields.	OSD Forms: https://www.i	mass.gov/lists/osd-forms.			
CONTRACTOR LEGAL NAME: TOWN OF SOUTH HADLEY		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:			
(and d/b/a):		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108			
Legal Address: (W-9, W-4): 116 MAIN ST SOUTH HADLEY, MA 01075-2833					
Contract Manager: LESLIE HENNESSEY	Phone: 413-538-5042	Billing Address (if different):			
E-Mail: lhennessey@southhadleyma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419		
Contractor Vendor Code: VC6000191983		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368		
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COASOUTHHADLEY00			
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10			
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option		CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment:, 20			
Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) Other Procurement Exception (Attach authorizing language, legislation with		AMENDMENT TYPE: (Check one option only. Attach of Amendment to Date, Scope or Budget (Attach upda Interim Contract (Attach justification for Interim Contract Contract Employee (Attach any updates to scope or lag	Enter Amendment Amount: \$ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) Amendment to Date, Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget) Contract Employee (Attach any updates to scope or budget) Other Procurement Exception (Attach authorizing language/justification and updated		
specific exemption or earmark, and exception justification, s The Standard Contract Form Instructions and Contractor C into this Contract and are legally binding: (Check ONE options) Services Commonwealth IT Terms and Conditions	certifications and the foon): Commonwealth T	erris and conditions <u>-</u> -commonwealth remains			
COMPENSATION: (Check ONE option): The Department certiin the state accounting system by sufficient appropriations or o	tner non-appropriated ful all rates units calculation	ns, conditions or terms and any changes if rates or terms ar	re being amended.)		
✓ Maximum Obligation Contract. Enter total maximum obligation	gation for total duration of	this contract (or new total ii Contract is being amended).	accelerated payments must identify		
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pa a PPD as follows: Payment issued within 10 days% PPD; _% PPD. If PPD percentages are left blank, identify reason: (subsequent payments scheduled to support standard FFT 45	✓ agree to standard 4	5 day cycle statutory/legal or Ready Payments (M.G.L. of Prompt Pay Discounts Policy.)	c. 29, § 23A); only initial payment		
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or municipalities of the Commonwealth, as appropriated in the Ch The performance period for this award is 7/1/20-6/30/21. The r	(subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.) BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant funding. The performance period for this award is 7/1/20-6/30/21. The municipality certifies that the funds will be used for COA activities, and will complete a final fiscal report accounting for how these grant funds were applied. All approved obligations incurred prior to the effective date of this agreement (for which payment obligations have been triggered) and are intended to be part of this agreement, are to be funded from the total amount awarded under this agreement. This contract, once executed by both parties, will be treated as the sole invoice for the				
ANTICIPATED START DATE: (Complete ONE option only)	The Department and Con	ractor certify for this Contract, or Contract Amendment, that gations have been incurred prior to the Effective Date.			
	In the Effective Date below the Effective Date below as authorized reimburser a of payments forever rel	w and <u>no</u> obligations have been incurred <u>prior</u> to the 2-hood, , and the parties agree that payments for any obligations inc nent payments, and that the details and circumstances of all eases the Commonwealth from further claims related to thes	l obligations under this Contract are se obligations.		
CONTRACT END DATE: Contract performance shall termina provided that the terms of this Contract and performance exp pendiated terms and warranties, to allow any close out or train	te as of <u>JUNE 30</u> , 20 <u>2</u> ectations and obligations nsition performance, repo	11. with no new obligations being incurred after this date unle shall survive its termination for the purpose of resolving any rting, invoicing or final payments, or during any lapse betwe	iss the Contract is properly amended, or claim or dispute, for completing any ten amendments.		
CERTIFICATIONS: Notwithstanding verbal or other represedant management has been executed by an authorized signatory of approvals. The Contractor certifies that they have accessed a required under the Standard Contract Form Instructions and Cupon request to support compliance, and agrees that all term herein according to the following hierarchy of document preconstructions and Contractor Certifications, the Request for Funacceptable, and additional negotiated terms, provided that made using the process outlined in 801 CMR 21.07, incorpor Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: Signature and Date Must Be Handwritten At Times approached the support of the contract of the contrac	ntations by the parties, the fithe Contractor, the Deind reviewed all document contractor Certifications us governing performance edence, the applicable Cesponse (RFR) or other additional negotiated terrated herein, provided that	ne "Effective Date" of this Contract or Amendment shall be partment, or a later Contract or Amendment Start Date spe its incorporated by reference as electronically published and the pains and penalties of perjury, and further agrees to of this Contract and doing business in Massachusetts are a commonwealth Terms and Conditions, this Standard Contract solicitation, the Contractor's Response (excluding any larns will take precedence over the relevant terms in the RFR at any amended RFR or Response terms result in best value	e the latest date that this Contract or cified above, subject to any required the Contractor makes all certifications to provide any required documentation attached or incorporated by reference of Form, the Standard Contract Form inguage stricken by a Department as and the Contractor's Response only if lower costs, or a more cost effective (EALTH:		



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https://www.naconiptroller.org/lorns. Torns are also posted at	OOB 1 OTTIG: TREPORTOR	Tabolig o Timotor o Carterio	
CONTRACTOR LEGAL NAME: TOWN OF SOUTHBOROUGH (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): PO BOX 9109 SOUTHBOROUGH, MA 01772-9109		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: PAM LEFRANCOIS	Phone: 508-229-4453	Billing Address (if different):	12
E-Mail: plefrancois@southboroughma.com	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191986	11	E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COASOUTHBOROUGH0	1
(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 of Amendment to Date, Scope or Budget (Attach upda	200
Notice or RFR, and Response or other procurement support	orting documentation)	Interim Contract (Attach justification for Interim Contr	
Emergency Contract (Attach justification for emergency, s Contract Employee (Attach Employment Status Form, sco)	cope, budget)	Contract Employee (Attach any updates to scope or	
✓ Other Procurement Exception (Attach authorizing language specific exemption or earmark, and exception justification, see	ge, legislation with	Other Procurement Exception (Attach authorizing la scope and budget)	nguage/justification and updated
The Standard Contract Form Instructions and Contractor (Certifications and the fo	llowing Commonwealth Terms and Conditions docume	nt are incorporated by reference
into this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions	on): Commonwealth	Terms and Conditions <u>✓ C</u> ommonwealth Terms and Conditi	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	s of this Contract will be supported
in the state accounting system by sufficient appropriations or cRate Contract. (No Maximum Obligation) Attach details of	other non-appropriated fur fall rates, units, calculation	nds, subject to intercept for Commonwealth owed debis unde ons. conditions or terms and any changes if rates or terms an	e being amended.)
✓ Maximum Obligation Contract. Enter total maximum oblig	gation for total duration of	this contract (or new total if Contract is being amended). \$	19,308.00.
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pa	ayments are issued thro	ugh EFT 45 days from invoice receipt. Contractors reque	sting accelerated payments must
identify a PPD as follows: Payment issued within 10 days 9	% PPD: Payment issued w	rithin 15 days % PPD; Payment issued within 20 days	% PPD; Payment issued within 30
days% PPD. If PPD percentages are left blank, identify re payment (subsequent payments scheduled to support stands	eason: _v_agree to state	cycle. See Prompt Pay Discounts Policy.)	W.G.L. C. 23, § 23A), Only initial
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or I municipalities of the Commonwealth, as appropriated in the Ch The performance period for this award is 7/1/20-6/30/21. The rhow these grant funds were applied. All approved obligations i to be part of this agreement, are to be funded from the total ammaximum 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	D20. The award amount is determined by a census-based allone funds will be used for COA activities, and will complete a we date of this agreement (for which payment obligations have agreement. This contract, once executed by both parties, will	pocation of available grant funding. final fiscal report accounting for e been triggered) and are intended
ANTICIPATED START DATE: (Complete ONE option only)	The Department and Cont	tractor certify for this Contract, or Contract Amendment, that	Contract obligations:
1, may be incurred as of the Effective Date (latest signature	e date below) and no obli	gations have been incurred prior to the Effective Date.	
2, may be incurred as of , 20 , a date LATER that	n the Effective Date below	w and <u>no</u> obligations have been incurred <u>prior</u> to the Effectiv	ve Date.
3. were incurred as of JULY1, 20 20 , a date PRIOR to	the Effective Date below,	and the parties agree that payments for any obligations inco pent payments, and that the details and circumstances of all	urred prior to the Effective Date are
authorized to be made either as settlement payments or attached and incomporated into this Contract. Acceptance	as authorized reimbulsen e of payments forever rele	eases the Commonwealth from further claims related to thes	e obligations.
CONTRACT END DATE: Contract performance shall termin	nate as of JUNE 30 ,	20 21, with no new obligations being incurred after this da	ate unless the Contract is properly
amended, provided that the terms of this Contract and perfor completing any negotiated terms and warranties, to allow any	mance expectations and	obligations shall survive its termination for the purpose of	resolving any claim or dispute, for
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any requir approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any requir documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language strick by a Department as unacceptable, and additional negotiated terms will take precedence over the relevant terms in the RFR and to Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, low costs, or a more cost effective Contract. X:			
Print Title: 1000 ADM 101571470R	At Page Production and Pro-	Print Title: 0/20) Page 1 of 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ating o
	(Updated 6/3	0/20) Page 1 of 1 (A h) (20,,,,

15

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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

https://www.macomptroller.org/forms. Forms are also posted at OSD Forms; https://www.mass.gov/lists/osd-forms.			
CONTRACTOR LEGAL NAME: TOWN OF SOUTHBRIDGE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 41 ELM ST SOUTHBRIDGE, MA 01550-2645		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: PATRICIA HADDOCK	Phone: 508-764-5436	Billing Address (if different):	
E-Mail: phaddock@southbridgemass.org	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191987		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COASOUTHBRIDGE00	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-1	040C-1040L-57550
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only)Statewide Contract (OSD or an OSD-designated Department)Collective Purchase (Attach OSD approval, scope, budget)Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation)Emergency Contract (Attach justification for emergency, scope, budget)Contract Employee (Attach Employment Status Form, scope, budget)		CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment:, 20 Enter Amendment Amount: \$ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) Amendment to Date, Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget) Contract Employee (Attach any updates to scope or budget)	
Other Procurement Exception (Altach authorizing language specific exemption or earmark, and exception justification, s		Other Procurement Exception (Attach authorizing la scope and budget)	ngaagajaasiiaasan ana apaataa
The Standard Contract Form Instructions and Contractor Cinto this Contract and are legally binding: (Check ONE options) Services Commonwealth IT Terms and Conditions			
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended). \$ 39,180.00. PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 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 func. The performance period for this award is 7/1/20-6/30/21. The municipality certifies that the funds will be used for COA activities, and will complete a final fiscal report accounting how these grant funds were applied. All approved obligations incurred prior to the effective date of this agreement (for which payment obligations have been triggered) and are interested by part of this agreement, are to be funded from the total amount awarded under this agreement. This contract, once executed by both parties, will be treated as the sole invoice maximum obligation of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021.			ocation of available grant funding. final fiscal report accounting for e been triggered) and are intended be treated as the sole invoice for the
ANTICIPATED START DATE: (Complete ONE option only) T	- 100 / 100		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 <u>JULY 1</u> , 20 <u>20</u> , a date PRIOR to t authorized to be made either as settlement payments or a	ne Effective Date below, is authorized reimbursen		urred prior to the Effective Date are obligations under this Contract are
CONTRACT END DATE: Contract performance shall termin amended, provided that the terms of this Contract and perform completing any negotiated terms and warranties, to allow any or the contract and the contract a	nance expectations and	obligations shall survive its termination for the purpose of	resolving any claim or dispute, for
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form 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:			



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

https://www.macomptroller.org/forms. Forms are also posted at OSD Forms: https://www.mass.gov/lists/osd-forms.				
CONTRACTOR LEGAL NAME: TOWN OF SOUTHWICK (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 454 COLLEGE HWY SOUTHWICK, MA 01077-9706		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: CINDY SULLIVAN	Phone: 413-569-5498	Billing Address (if different):		
E-Mail: csullivan@southwickma.net	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191988		E-Mail: STACEY,OCONNELL@MASS,GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COASOUTHWICK0000		
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	040 C-1 040 L-57550	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation		CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment:, 20 Enter Amendment Amount: \$ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) Amendment to Date, Scope or Budget (Attach updated scope and budget)		
Notice or RFR, and Response or other procurement supp Emergency Contract (Attach justification for emergency, sContract Employee (Attach Employment Status Form, scoOther Procurement Exception (Attach authorizing langua specific exemption or earmark, and exception justification, seemotion)	cope, budget) pe, budget) ge, legislation with	 Interim Contract (Attach justification for Interim Contract Contract Employee (Attach any updates to scope or Interior Procurement Exception (Attach authorizing la scope and budget) 	oudget)	
The Standard Contract Form Instructions and Contractor of into this Contract and are legally binding: (Check ONE options of Contract and Conditions)	Certifications and the fo on): Commonwealth	llowing Commonwealth Terms and Conditions documer Ferms and Conditions <u>✓</u> Commonwealth Terms and Conditi	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 compensation. Attach details of which was immediated to the Maximum Obligation. Attach details of Maximum Obligation Contract. Enter total maximum obligation.	ther non-appropriated fur all rates, units, calculation	nds, subject to intercept for Commonwealth owed debts under ns, conditions or terms and any changes if rates or terms are	er 815 CMR 9.00. e being amended.)	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth peridentify a PPD as follows: Payment issued within 10 days9 days% PPD. If PPD percentages are left blank, identify repayment (subsequent payments scheduled to support standard)	6 PPD; Payment issued we ason: ✓ agree to star	ithin 15 days % PPD; Payment issued within 20 days ndard 45 day cycle statutory/legal or Ready Payments (% PPD; Payment issued within 30	
municipalities of the Commonwealth, as appropriated in the Ch The performance period for this award is 7/1/20-6/30/21. The r how these grant funds were applied. All approved obligations i	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			
ANTICIPATED START DATE: (Complete ONE option only)			Contract obligations:	
1. may be incurred as of the Effective Date (latest signature			a Data	
2. may be incurred as of, 20, a date LATER that	he Effective Date below, as authorized reimbursem		rred prior to the Effective Date are obligations under this Contract are	
CONTRACT END DATE: Contract performance shall termin amended, provided that the terms of this Contract and perfor 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 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:				



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

https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.	mass.gov/lists/osd-forms.		
CONTRACTOR LEGAL NAME: TOWN OF SPENCER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 157 MAIN ST SPENCER, MA 01562-2123		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: PAMELA WOODBURY	Phone: 508-885-7546	Billing Address (if different):		
E-Mail: pwoodbury@spencerma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191989		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD_001.		MMARS Doc ID(s): FY21COASPENCER000000		
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-1	040 C-1040L-57550	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) ✓ Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		CONTRACT AMENDMENT Enter Current Contract End Date Prior to Amendment:, 20 Enter Amendment Amount: \$ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) Amendment to Date, Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget) Contract Employee (Attach any updates to scope or budget) Other Procurement Exception (Attach authorizing language/justification and updated scope and budget) billowing Commonwealth Terms and Conditions document are incorporated by reference		
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended). \$ 29,256.00. PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason:✓_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)				
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ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:				
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form Instructions and Contract 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: X: X: X: X: X: X: X				

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https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.	mass.gov/lists/osd-torms.	
CONTRACTOR LEGAL NAME: CITY OF SPRINGFIELD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 36 COURT ST SPRINGFIELD, MA 01103-1699		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: SANDRA FEDERICO	Phone: 413-787-6785	Billing Address (if different):	
E-Mail: Sfederico@springfieldcityhall.com	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000192140		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COASPRINGFIELD00	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	040 C-1 040 L-57550
X NEW CONTRACT		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	t)	AMENDMENT TYPE: (Check one option only. Attach d	
Department Procurement (includes all Grants - 815 CMR Notice or RFR, and Response or other procurement supp		Amendment to Date, Scope or Budget (Attach upda Interim Contract (Attach justification for Interim Contra	
Emergency Contract (Attach justification for emergency, s	cope, budget)	Contract Employee (Attach any updates to scope or I	
Contract Employee (Attach Employment Status Form, sco ✓ Other Procurement Exception (Attach authorizing langua	pe, budget) ge legislation with	Other Procurement Exception (Attach authorizing la	
specific exemption or earmark, and exception justification,	scope and budget)	scope and budget)	,
The Standard Contract Form Instructions and Contractor into this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions	Certifications and the fo on): Commonwealth	ollowing Commonwealth Terms and Conditions documer Terms and Conditions <u>✓</u> Commonwealth Terms and Conditions	ntare incorporated by reference ons For Human and Social
COMPENSATION: (Check ONE option): The Department cert	ifice that naumants for au	therized performance accepted in accordance with the terms	of this Contract will be supported
in the state accounting system by sufficient appropriations or o	ther non-appropriated fur	nds, subject to intercept for Commonwealth owed debts unde	er 815 CMR 9.00.
Rate Contract. (No Maximum Obligation) Attach details of	all rates, units, calculation	ns, conditions or terms and any changes if rates or terms are	e being amended.)
Maximum Obligation Contract. Enter total maximum obligation			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pa	ayments are issued thro	ugh EFT 45 days from invoice receipt. Contractors reque	sting accelerated payments must
identify a PPD as follows: Payment issued within 10 days9 days% PPD. If PPD percentages are left blank, identify re	% PPD; Payment issued w eason: ✔ agree to star	ntnin 15 days% PPD; Payment issued within 20 days ndard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial
payment (subsequent payments scheduled to support standa	ard EFT 45 day payment	cycle. See Prompt Pay Discounts Policy.)	
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or I	REASON FOR AMENDM	ENT: This contract is to distribute a formula grant award to the	ne Councils on Aging of the
municipalities of the Commonwealth, as appropriated in the Ch The performance period for this award is 7/1/20-6/30/21. The r	apter 227 of the Acts of 20 nunicipality certifies that th	ne funds will be used for COA activities, and will complete a	final fiscal report accounting for
how these grant funds were applied. All approved obligations i	ncurred prior to the effective	ve date of this agreement (for which payment obligations have	e been triggered) and are intended
to be part of this agreement, are to be funded from the total am maximum obligation of this contract. COAs are responsible for			be treated as the sole invoice for the
ANTICIPATED START DATE: (Complete ONE option only)			Contract obligations:
1. may be incurred as of the Effective Date (latest signature	e date below) and <u>no</u> obli	gations have been incurred prior to the Effective Date.	
2. may be incurred as of, 20, a date LATER that	n the Effective Date below	wand <u>no</u> obligations have been incurred <u>prior</u> to the Effectiv	e Date.
✓ 3. were incurred as of JULY1, 20 20, a date PRIOR to			
authorized to be made either as settlement payments or attached and incomporated into this Contract. Acceptance	as authorized reimbursen e of pavments forever rele	ent payments, and that the details and circumstances of alleases the Commonwealth from further claims related to these	e obligations.
CONTRACT END DATE: Contract performance shall termin			
amended provided that the terms of this Contract and perfor	mance expectations and	obligations shall survive its termination for the purpose of	resolving any claim or dispute, for
completing any negotiated terms and warranties, to allow any			
CERTIFICATIONS: Notwithstanding verbal or other represent	tations by the parties, the	"Effective Date" of this Contract or Amendment shall be	the latest date that this Contract or
Amendment has been executed by an authorized signatory of approvals. The Contractor certifies that they have accessed	the Contractor, the Depart	uments incorporated by reference as electronically publis	shed and the Contractor makes all
certifications required under the Standard Contract Form Instru	actions and Contractor Co	ertifications under the pains and penalties of perjury, and furt	ther agrees to provide any required
documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached of incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the applicable Commonwealth Terms and Conditions are standard Contract Form, the applicable Commonwealth Terms and Conditions are standard Contract Form, the applicable Commonwealth Terms and Conditions are standard Contract Form, the applicable Commonwealth Terms are standard Contract Form, the applicable Commonwealth Terms and Conditions are standard Contract Form, the applicable Commonwealth Terms are standard Contract Form, the applicable Commonwealth Terms and Conditions are standard Contract Form, the applicable Commonwealth Terms are standard Contract Form, the applicable Contract Form are standard Contract Form, the applicable Commonwealth Terms are standard Contract Form, the applicable Commonwealth Terms are standard Contract Form, the applicable Contract Form are standard Contract Form are standard Contract Form are standard Contract Form and Contract Form are standard Contrac			
standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language strice)			e (excluding any language stricken
by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFF Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best va			relevant terms in the RFR and the
costs, or a more cost effective Contract.	u III 60 I CIVIR 2 I.07, III CO	rpolated flatelli, provided tractarly affection IX IX of IXespor	se terms result in best value, rower
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:		AUTHORIZING SIGNATURE FOR THE COMMONWEA	ALTH:
X: 1 inema Jamo Date: 1/25/2190			ate: dr -d
(Signature and Date Must Be Handwritten At Time		(Signature and Date Must Be Handwritten	At Time of Signature)
Print Name: Domenic J. Sarno	æ	Print Name:	y y which
Print Title: MAYOR.		Print Title:	II LOYVING TO
(Updated 6/30/20) Page 1 of 1 CONTRACTOR			

ORIGINA/

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

https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.	mass.gov/lists/osd-forms.		
CONTRACTOR LEGAL NAME: TOWN OF STERLING (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 1 PARK ST STERLING, MA 01564-2145		Business Mailing Address: 1 ASHBURTON PL BOST	ON, MA 02108	
Contract Manager: VERONICA BUCKLEY	Phone: 978-422-3032	Billing Address (if different):		
E-Mail: vbuckley@sterling-ma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191990		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COASTERLING00000		
(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 Collective Purchase (Attach OSD approval, scope, budge Department Procurement (includes all Grants - 815 CMR: Notice or RFR, and Response or other procurement suppremergency Contract (Attach justification for emergency, socontract Employee (Attach Employment Status Form, scopy Other Procurement Exception (Attach authorizing languages specific exemption or earmark, and exception justification, second contract Employee (Attach authorizing languages)	t) 2.00) (Solicitation orting documentation) cope, budget) oe, budget) ge, legislation with	Enter Amendment Amount: \$ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) Amendment to Date, Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget) Contract Employee (Attach any updates to scope or budget) Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)		
The Standard Contract Form Instructions and Contractor (into this Contract and are legally binding: (Check ONE options) Services Commonwealth IT Terms and Conditions				
COMPENSATION: (Check ONE option): The Department cert in the state accounting system by sufficient appropriations or oRate Contract. (No Maximum Obligation) Attach details ofMaximum Obligation Contract. Enter total maximum oblig	ther non-appropriated fur all rates, units, calculation	nds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms are	er 815 CMR 9.00. be being amended.)	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth paidentify a PPD as follows: Payment issued within 10 days% days% PPD. If PPD percentages are left blank, identify repayment (subsequent payments scheduled to support standard)	6 PPD; Payment issued we eason: <u>✓</u> agree to started EFT 45 day payment	ithin 15 days % PPD; Payment issued within 20 days ndard 45 day cycle statutory/legal or Ready Payments (I cycle. See Prompt Pay Discounts Policy.)	% PPD; Payment issued within 30 M.G.L. c. 29, § 23A); only initial	
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant funding. The performance period for this award is 7/1/20-6/30/21. The municipality certifies that the funds will be used for COA activities, and will complete a final fiscal report accounting for how these grant funds were applied. All approved obligations incurred prior to the effective date of this agreement (for which payment obligations have been triggered) and are intended to be part of this agreement, are to be funded from the total amount awarded under this agreement. This contract, once executed by both parties, will be treated as the sole invoice for the maximum obligation of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021. ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:				
1. may be incurred as of the Effective Date (latest signature			orna act obligations.	
2. may be incurred as of, 20, a date LATER than	the Effective Date below	v and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
	as authorized reimbursem	and the parties agree that payments for any obligations incu ent payments, and that the details and circumstances of all o eases the Commonwealth from further claims related to these	obligations under this Contract are	
CONTRACT END DATE: Contract performance shall termin amended, provided that the terms of this Contract and perform completing any negotiated terms and warranties, to allow any or completing any negotiated terms.	nance expectations and	obligations shall survive its termination for the purpose of	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, 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: Allication Date: 125/2021 (Signature and Date Must Be Handwritten At Time of Signature) Print Title: Frint Title: Print Title: (Updated 6/30/20) (Updated 6/30/20) Page 1 of 1				
Contracting				

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

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CONTRACTOR LEGAL NAME: TOWN OF STOCKBRIDGE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:			
Legal Address: (W-9, W-4): PO BOX 417 STOCKBRIDGE, MA 01262-0417		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108			
Contract Manager: ELIZABETH DIGRIGOLI	Phone: 413-298-4170	Billing Address (if different):			
E-Mail: coa@townofstockbridge.com	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419		
Contractor Vendor Code: VC6000191991		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368		
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COASTOCKBRIDGE00			
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	040C-1040L-57550		
		CONTRACT AMENDMENT Enter Current Contract End Date Prior to Amendment:, 20 Enter Amendment Amount: \$ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) Amendment to Date, Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget) Contract Employee (Attach any updates to scope or budget) Other Procurement Exception (Attach authorizing language/justification and updated scope and budget) Dillowing Commonwealth Terms and Conditions document are incorporated by reference Terms and Conditions ✓ Commonwealth Terms and Conditions For Human and Social			
COMPENSATION: (Check ONE option): The Department certiin the state accounting system by sufficient appropriations or one are accounted. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum obligement of the properties of the Maximum Obligation Contract. Enter total maximum obligement of the Maximum Obligation Contract. Enter total maximum obligement obligation Contract. Enter total maximum obligement of the Maximum Obligation Contract. Enter total maximum obligement obligation. PPDD: Commonwealth paid identify a PPD as follows: Payment issued within 10 days% days% PPD. If PPD percentages are left blank, identify repayment (subsequent payments scheduled to support standard BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or Research.)	ther non-appropriated fur all rates, units, calculation all or total duration or pPD; Payment issued throw asson:agree to stard EFT 45 day payment EFASON FOR AMENDIM	nds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms are f this contract (or new total if Contract is being amended). \$ ugh EFT 45 days from invoice receipt. Contractors reque ithin 15 days % PPD; Payment issued within 20 days ndard 45 day cycle statutory/legal or Ready Payments (cycle. See Prompt Pay Discounts Policy.)	er 815 CMR 9.00. e being amended.) 8,868.00. esting accelerated payments must % PPD; Payment issued within 30 (M.G.L. c. 29, § 23A); only initial me 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 maximum obligation of this contract. COAs are responsible for r ANTICIPATED START DATE: (Complete ONE option only) T	nunicipality certifies that the scurred prior to the effection to awarded under this a eturning this executed co	ne funds will be used for COA activities, and will complete a ve date of this agreement (for which payment obligations hav agreement. This contract, once executed by both parties, will I ntract by no later than June 30, 2021.	final fiscal report accounting for e been triggered) and are intended be treated as the sole invoice for the		
1. may be incurred as of the Effective Date (latest signature	date below) and no obli	gations have been incurred prior to the Effective Date.			
	he Effective Date below, is authorized reimbursen		urred prior to the Effective Date are obligations under this Contract are		
amended, provided that the terms of this Contract and perforn completing any negotiated terms and warranties, to allow any o	CONTRACT END DATE: Contract performance shall terminate as ofJUNE 30_, 20 21, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.				
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract 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 requir approvals. The Contractor certifics that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes certifications required under the Standard Contract FormInstructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, Standard Contract FormInstructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language strick by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and to Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, low costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X:					

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

are incorporated by reference herein. Additional non-con https://www.macomptroller.org/forms. Forms are also posted at	flicting terms may be ac OSD Forms: https://www.	mass.gov/lists/osd-forms.	
CONTRACTOR LEGAL NAME: TOWN OF STONEHAM (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 35 CENTRAL ST STONEHAM, MA 02180-2055		Business Mailing Address: 1 ASHBURTON PL BOST	ON, MA 02108
Contract Manager: MAUREEN CANOVA	Phone: 781-279-2605	Billing Address (if different):	
E-Mail: mcanova@stoneham-ma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191992		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COASTONEHAM00000	
(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 Statewide Contract (OSD or an OSD-designated Departrr Collective Purchase (Attach OSD approval, scope, budge Department Procurement (includes all Grants - 815 CMR Notice or RFR, and Response or other procurement supp Emergency Contract (Attach justification for emergency, s Contract Employee (Attach Employment Status Form, sco ✓ Other Procurement Exception (Attach authorizing langua specific exemption or earmark, and exception justification, The Standard Contract Form Instructions and Contractor into this Contract and are legally binding: (Check ONE option) Services Commonwealth IT Terms and Conditions COMPENSATION: (Check ONE option): The Department cer in the state accounting system by sufficient appropriations or Rate Contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum obligentify a PPD as follows: Payment issued within 10 days PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth p identify a PPD as follows: Payment issued within 10 days	nent) 2.00) (Solicitation orting documentation) scope, budget) pe, budget) ge, legislation with scope and budget) Certifications and the fion): Commonwealth tifies that payments for an other non-appropriated fur fall rates, units, calculating attention or commons are issued three.	uthorized performance accepted in accordance with the term nds, subject to intercept for Commonwealth owed debts und ons, conditions or terms and any changes if rates or terms are fithis contract (or <i>new</i> total if Contract is being amended). \$	details of amendment changes.) ated scope and budget) act and updated scope/budget) budget) budget) anguage/justification and updated are incorporated by reference ions For Human and Social sof this Contract will be supported er 8 15 CMR 9.00. be being amended.) 64,440.00. esting accelerated payments must
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attached and incorporated into this Contract. Acceptance CONTRACT END DATE: Contract performance shall term amended, provided that the terms of this Contract and perfo completing any negotiated terms and warranties, to allow any	ce of payments forever resinate as of <u>JUNE 30</u> rmance expectations an y close out or transition po	leases the Commonwealth f , 20 <u>21,</u> with no r d obligation	
CERTIFICATIONS: Notwithstanding verbal or other represe Amendment has been executed by an authorized signatory of approvals. The Contractor certifies that they have access certifications required under the Standard Contract Form Inst documentation upon request to support compliance, and incorporated by reference herein according to the following his Standard Contract Form Instructions and Contractor Certifice by a Department as unacceptable, and additional negotic Contractor's Response only if made using the process outlin costs, or a none cost effective Contract. AUTHORIZING SIGNATUR FOR THE CONTRACTOR: X: (Signature and Date Must be Handwritten At Times)	of the Contractor, the Depiced and reviewed all do ructions and Contractor (agrees that all terms go ilerarchy of document presidens, the Request for Reded terms, provided that ed in 801 CMR 21.07, incompared to the contract of the contra	rarmen cument Certificatic verning pe cedence, the sponse (RFR, t additional ne,	SERIC

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

Print Name: _____

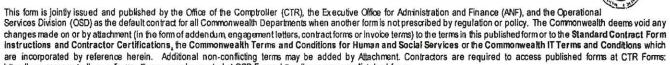
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CONTRACTOR LEGAL NAME: TOWN OF STOUGHTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4):10 PEARL ST STOUGHTON, MA 02072-2364		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: JANIECE BRUCE	Phone: 781-344-8882	Billing Address (if different):	
E-Mail: jbruce@stoughton-ma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191993	•	E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD_001.		MMARS Doc ID(s): FY21COASTOUGHTON0000	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-1	040C-1040L-57550
X NEW CONTRACT		CONTRACT AMEND	
PROCUREMENT OR EXCEPTION TYPE: (Check one option	n only)	Enter Current Contract End Date Prior to Amendment:	
Statewide Contract (OSD or an OSD-designated Departm	nent)	Enter Amendment Amount: \$ (or "no change	
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Department Procurement (includes all Grants - 815 CMR Notice or RFR, and Response or other procurement supp		Amendment to Date, Scope or Budget (Attach upda	
Emergency Contract (Attach justification for emergency, s		Interim Contract (Attach justification for Interim Contract	
Contract Employee (Attach Employment Status Form, sco	pe, budget)	Contract Employee (Attach any updates to scope or	
Other Procurement Exception (Attach authorizing langua specific exemption or earmark, and exception justification.		Other Procurement Exception (Attach authorizing la scope and budget)	inguage/justification and updated
The Standard Contract Form Instructions and Contractor	, ,	ollowing Commonwealth Terms and Conditions docume	nt are incorporated by reference
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in the state accounting system by sufficient appropriations or c Rate Contract. (No Maximum Obligation) Attach details or			
✓ Maximum Obligation Contract. Enter total maximum oblig			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pa		The state of the s	
identify a PPD as follows: Payment issued within 10 days	% PPD; Payment issued w	rithin 15 days % PPD: Payment issued within 20 days	% PPD: Payment issued within 30
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The performance period for this award is 7/1/20-6/30/21. The n	nunicipality certifies that the	ne funds will be used for COA activities, and will complete a	final fiscal report accounting for
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ANTICIPATED START DATE: (Complete ONE option only) T	he Department and Cont	ractor certify for this Contract, or Contract Amendment, that	Contract obligations:
1. may be incurred as of the Effective Date (latest signature			
, a date LATER that			
✓ 3. were incurred as of <u>JULY 1</u> , 20 <u>20</u> , a date <u>PRIOR</u> to to authorized to be made either as settlement payments or an extension of the results. ✓ 3. were incurred as of <u>JULY 1</u> , 20 <u>20</u> , a date <u>PRIOR</u> to the results of	ne Effective Date below, as authorized reimbursem	and the parties agree that payments for any obligations incl ent payments, and that the details and circumstances of all	arred prior to the Effective Date are
		eases the Commonwealth from further claims related to these	
CONTRACT END DATE: Contract performance shall termin	ate as of <u>JUNE 30</u> ,	20_21, with no new obligations being incurred after this da	ate unless the Contract is properly
amended, provided that the terms of this Contract and perfore completing any negotiated terms and warranties, to allow any	nance expectations and close out or transition per	obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during	resolving any claim or dispute, for any lapse between amendments.
CERTIFICATIONS: Notwithstanding verbal or other represent	tations by the parties, the	"Effective Date" of this Contract or Amendment shall be	the latest date that this Contract or
Amendment has been executed by an authorized signatory of approvals. The Contractor certifies that they have accesse	the Contractor, the Depa	rtment, or a later Contract or Amendment Start Date specifi	ed above, subject to any required
certifications required under the Standard Contract Form Instru	ctions and Contractor Ce	ertifications under the pains and penalties of periury, and fur	ther agrees to provide any required
certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provid documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts a			in Massachusetts are attached or
incorporated by reference herein according to the following hierarchy of document preced Standard Contract Form Instructions and Contractor Certifications, the Request for Respo		edence, the applicable Commonwealth Terms and Condition	is, this Standard Contract Form, he
by a Department as unacceptable, and additional negotiated terms, provided that a		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, incor	porated herein, provided that any amended RFR or Respon	ise terms result in best value, lower
costs, or a more cost effective Contract.	简	ALTHODIZING SIGNATUGE FOR THE COMME	W - 0
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	lacta.	AUTHORIZING SIGNATURE FOR THE COMMONWEA	1LIH: 7 . W-2/
X:	(d) 2/	X: Date Market Date Date Market Date Date Date Date Date Date Date Da	ate: de Simotonia
Print Name: 1864 in A 67 mm	or signature)	(Signature and Date Must Be Handwritten	At time of Signature)
Print Title: Town Manager.		Print Name:	From A
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This form is jointly issued and published by the Office of the Comptroller (CTR), the Executive Office for Administration and Finance (ANF), and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published formor to the Standard Contract Form Instructions and Contractor Certifications, the Commonwealth Terms and Conditions for Human and Social Services or the Commonwealth IT Terms and Conditions which are incorporated by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access published forms at CTR Forms: https://www.maccomptroller.org/forms. Forms are also posted at OSD Forms: https://www.macs.gov/lists/osd-forms.

CONTRACTOR LEGAL NAME: TOWN OF STOW		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE	OFFICE OF ELDER AFFAIRS	
CONTRACTOR LEGAL NAME: TOWN OF STOW (and d/b/a):		MMARS Department Code:		
Legal Address: (W-9, W-4): 380 GREAT RD STOW, MA 01775-2127		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: ALYSON TOOLE	Phone: 978-897-1880	Billing Address (if different):		
E-Mail: coa@stow-ma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191994		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COASTOW000000000		
(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		CONTRACT AMEND	and the second of the second o	
PROCUREMENT OR EXCEPTION TYPE: (Check one option	n only)	Enter Current Contract End Date <u>Prior</u> to Amendment:		
Statewide Contract (OSD or an OSD-designated Departm	ent)	Enter Amendment Amount: \$ (or "no change AMENDMENT TYPE: (Check one option only. Attach or	er) details of amendment changes.)	
Collective Purchase (Attach OSD approval, scope, budge Department Procurement (includes all Grants - 815 CMR	2.00) (Solicitation	Amendment to Date, Scope or Budget (Attach upda		
Notice or RFR, and Response or other procurement supp	orting documentation)	Interim Contract (Attach justification for Interim Cont	ract and updated scope/budget)	
Emergency Contract (Attach justification for emergency, s Contract Employee (Attach Employment Status Form, sco		Contract Employee (Attach any updates to scope or		
✓ Other Procurement Exception (Attach authorizing langua)	ge, legislation with	Other Procurement Exception (Attach authorizing la	inguage/justification and updated	
specific exemption or earmark, and exception justification,		scope and budget)		
The Standard Contract Form Instructions and Contractor into this Contract and are legally binding: (Check ONE opt Services Commonwealth IT Terms and Conditions	Certifications and the fo on): Commonwealth	ollowing Commonwealth Terms and Conditions docume Terms and Conditions <u>✓</u> Commonwealth Terms and Condit	nt are incorporated by reference ions For Human and Social	
COMPENSATION: (Check ONE option): The Department cer	ifies that payments for au	thorized performance accepted in accordance with the term	s of this Contract will be supported	
in the state accounting system by sufficient appropriations or	other non-appropriated fur	nds, subject to intercept for Commonwealth owed debts und	er 815 CMR 9.00.	
Rate Contract. (No Maximum Obligation) Attach details o ✓ Maximum Obligation Contract. Enter total maximum obli	rail rates, units, calculated	ons, conditions or terms and any changes if rates or terms and finis contract (or new total if Contract is being amended). \$	15.384.00.	
	50			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth p identify a PPD as follows: Payment issued within 10 days	ayments are issued thro % PPD: Pavmentissued w	rithin 15 days % PPD; Payment issued within 20 days	_% PPD; Payment issued within 30	
days % PPD. If PPD percentages are left blank, identify r	eason: 🗸 agree to sta	ndard 45 day cycle statutory/legal or Ready Payments	(M.G.L. c. 29, § 23A); only initial	
payment (subsequent payments scheduled to support stand BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or	ard EFT 45 day payment	cycle. See Prompt Pay Discounts Policy.)	he Councils on Aging of the	
municipalities of the Commonwealth, as appropriated in the Ch	apter 227 of the Acts of 20	020. The award amount is determined by a census-based all	ocation of available grant funding.	
The performance period for this award is 7/1/20-6/30/21. The I	nunicipality certifies that the	ne funds will be used for COA activities, and will complete a	final fiscal report accounting for	
how these grant funds were applied. All approved obligations to be part of this agreement, are to be funded from the total an	ncurred prior to the effecti	ve date of this agreement (for which payment obligations have	he treated as the sole invoice for the	
maximum obligation of this contract. COAs are responsible for	returning this executed co	ntract by no later than June 30, 2021.		
ANTICIPATED START DATE: (Complete ONE option only)			Contract obligations:	
1. may be incurred as of the Effective Date (latest signatur	e date below) and <u>no</u> obli	gations have been incurred <u>prior</u> to the Effective Date.	vo Date	
	n the Effective Date below	w and <u>no</u> obligations have been incurred <u>prior</u> to the Ellections and the parties agree that payments for any obligations inc	urred prior to the Effective Date are	
authorized to be made either as settlement payments or	as authorized reimbursen	nent payments, and that the details and circumstances of al	lobligations under this Contract are	
attached and incorporated into this Contract. Acceptance	e of payments forever rele	eases the Commonwealth from further claims related to thes	se obligations.	
CONTRACT END DATE: Contract performance shall termi	nate as of <u>JUNE 30</u> ,	20 21, with no new obligations being incurred after this d	ate unless the Contract is properly	
amended, provided that the terms of this Contract and perfor completing any negotiated terms and warranties, to allow any	mance expectations and close out or transition pe	i obligations shall survive its termination for the purpose o rformance, reporting, invoicing or final payments, or during	g any lapse between amendments.	
CERTIFICATIONS: Notwithstanding verbal or other representations				
Amendment has been executed by an authorized signatory of	the Contractor, the Department	artment, or a later Contract or Amendment Start Date speci	fied above, subject to any required	
approvals. The Contractor certifies that they have access	ed and reviewed all doc	uments incorporated by reference as electronically publi	ished and the Contractor makes all	
certifications required under the Standard Contract Form Instruction	uctions and Contractor C agrees that all terms gov	eruncations under the pains and penalties of perjury, and the rerning performance of this Contract and doing business	s in Massachusetts are attached or	
incorporated by reference herein according to the following hi	documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached of incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the			
Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricke				
by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, low				
costs, or a more cost effective Contract.				
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	1 1	AUTHORIZING SIGNATURE FOR THE COMMONWE	ALTH:	
X: Date: 1212021 X: (Signature and Date Must Be Handwritten At Time of Signature)			ate:	
Signature and Date Must Be Handwritten At Tim		THE WALL DONNE	At time of signature)	
Print Title: Town Administrator.	Print Name: Verilist III. Derrich Cost			
Print like: 1000 Traininistrator.			TO TO THE TOTAL TOTAL	
<u>.</u>		Print Title:	Cot cart on	



https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.	mass.gov/lists/osd-forms.			
CONTRACTOR LEGAL NAME: TOWN OF STURBRIDGE (and dfb/a):		COMMONWEALTH DEPARTMENT NAME. EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:			
Legal Address: (W-9, W-4): 308 MAIN ST STURBRIDGE, MA 01566-2300		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108			
Contract Manager: LESLIE WONG	Phone; 508-347-7575	Billing Address (if different):			
E-Mail: wong@sturbridge.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419		
Contractor Vendor Code: VC6000191995		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368		
Vendor Code Address ID (e.g. "AD001"); AD 001,		MMARS Doc ID(s): FY21COASTURBRIDGE000			
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	040C-1040L-57550		
X NEW CONTRACT		CONTRACT AMEND	MENT		
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date Prior to Amendment	2017/mmasscape		
Statewide Contract (OSD or an OSD-designated Departm	ent)	Enter Amendment Amount: \$ (or "no charge			
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 support		Amendment to Date, Scope or Budget (Attach upda Interim Contract (Attach justification for Interim Contra			
Emergency Contract (Attach justification for emergency, s		Contract Employee (Atlach any updates to scope or b			
 Contract Employee (Attach Employment Status Form, sco) Other Procurement Exception (Attach authorizing language) 	ge, legislation with	Other Procurement Exception (Attach authorizing lar			
specific exemption or earmark, and exception justification, s	cope and budget)	scope and budget)	.: 		
The Standard Contract Form Instructions and Contractor (into this Contract and a relegally binding: (Check CNE opti- ServicesCommonwealth IT Terms and Conditions	Certifications and the fo on):Commonwealth	ollowing Commonwealth Terms and Conditions documer Terms and Conditions <u>✓ Commonweal</u> th Terms and Conditions	ntare incorporated by reference ons For Human and Social		
COMPENSATION: (Check ONE option): The Department cert					
in the state accounting systemby sufficient appropriations or o Rate Contract, (No Maximum Obligation) Attach details of	ther non-appropriated fur	nds, subject to intercept for Commonwealth oweddebts under	er 815 CMR 9.00.		
Maximum Obligation Contract. Enter total maximum oblig	ation for total duration of	this contract (or new total if Contract is being amended). \$	23.352.00		
PROMPT PAYMENT DISCOUNTS (PPD); Commonwealth pa	A STATE OF THE PARTY OF THE PAR				
identify a PPD as follows: Payment issued within 10 days					
days% PPD. If PPD percentages are left blank, identify re	eason: 🗹 agree to star	ndard 45 daycyde 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	020. The award amount is determined by a census-based allo	cation of available grant funding.		
The performance period for this award is 7/1/20-6/30/21. The m 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	eturning this executed co	ntract by no later than June 30, 2021.			
ANTICIPATED START DATE: (Complete ONE option only)	ARCHARISTO DESCRIPTION OF THE PROPERTY OF THE		Contract obligations:		
1. may be incurred as of the Effective Date (latest signature2. may be incurred as of, 20, a date LATER than	the Effective Date helou	gazons nave been incurred <u>prior</u> to the Effective Date.	e Date		
✓ 3. were incurred asof 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 allo	bligations under this Contract are		
Annual Control of the	The second secon	eases the Commonwealth from further claims related to these	Name and Address of the Owner, where the Owner, while the		
CONTRACT END DATE: Contract performance shall termin amended, provided that the terms of this Contract and perform	ate as of <u>JUNE 30</u> ,	2021, with no new obligations being incurred after this da	ate unless the Contract is properly		
completing any negotiated terms andwarranties, to allow any	dose 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 Contractor Amendment shall be t	he latest date that this Contract or		
Amendment has been executed by an authorized sign atory of	the Contractor, the Depa	rtment, or a later Contract or Amendment Start Date specific	ed above, subject to any required		
approvals. The Contractor certifies that they have accesse certifications required under the Standard Contract Form Instru	d and reviewed all doci	uments incorporated by reference as electronically publis	her agrees to provide any required		
documentation upon request to support compliance, and a	grees that all terms gove	eming performance of this Contract and doing business	in Massachusetts are attached or		
incorporated by reference herein according to the following his	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 stricket by a Department as unacceptable, and 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	din 801 CMR 21.07, inco	rporated herein, provided that any amended RFR or Respon	se terms result in best value, lower		
costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	9	AUTHORIZING SIGNATURE FOR THE COMMONWEA	ATH: /		
	117512021	1000 Aul 000 - 044	7 11-21		
X:	of Signature)	X: (Signature and Date Must Be Handwritten	At Time of Signature)		
Print Name: TEXT Bridge S		Print Name: htgg // 0000	2/4		
Print Title: Town Administrates.		Print Title:	H (louwing		
		am (not	postini)		
	(Updated 6/3)	0/20) Page 1 of 1	0		

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

https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.	mass.gov/iists/osa-torms.	
CONTRACTOR LEGAL NAME: TOWN OF SUDBURY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 278 OLD SUDBURY RD SUDBURY, MA 01776-1843		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: DEBRA GALLOWAY	Phone: 978-443-3055	Billing Address (if different):	
E-Mail: gallowayd@sudbury.ma.us	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191996		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COASUDBURY000000	
(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 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 Departm	ent)	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 upda Interim Contract (Attach justification for Interim Contr	
Emergency Contract (Attach justification for emergency, s	cope, budget)	Contract Employee (Attach any updates to scope or	
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, s		scope and budget)	gg
The Standard Contract Form Instructions and Contractor (into this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions	Certifications and the foon): Commonwealth	llowing Commonwealth Terms and Conditions document Ferms and Conditions <u>✓</u> Commonwealth Terms and Conditi	nt are incorporated by reference ons For Human and Social
COMPENSATION: (Check ONE option): The Department cert in the state accounting system by sufficient appropriations or c Rate Contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum obligation	other non-appropriated fur all rates, units, calculation	ids, subject to intercept for Commonwealth owed debts under ns, conditions or terms and any changes if rates or terms are	er 815 CMR 9.00. e being amended.)
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.) BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant funding. The performance period for this award is 7/1/20-6/30/21. The municipality certifies that the funds will be used for COA activities, and will complete a final fiscal report accounting for how these grant funds were applied. All approved obligations incurred prior to the effective date of this agreement (for which payment obligations have been triggered) and are intended to be part of this agreement, are to be funded from the total amount awarded under this agreement. This contract, once executed by both parties, will be treated as the sole invoice for the maximum obligation of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021.			
ANTICIPATED START DATE: (Complete ONE option only)	he Department and Cont	ractor certify for this Contract, or Contract Amendment, that	Contract obligations:
1. may be incurred as of the Effective Date (latest signature 2. may be incurred as of, 20, a date LATER that	e date below) and <u>no</u> oblig the Effective Date below	gations have been incurred <u>prior</u> to the Effective Date.	re Date
✓ 3. were incurred as of <u>JULY1</u> , 20 <u>20</u> , a date <u>PRIOR</u> to			
authorized to be made either as settlement payments or	as authorized reimbursem	ent payments, and that the details and circumstances of all obligations under this Contract are	
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			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any require documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language strick by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, low costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: Date: (Signature and Date Must Be Handwritten At Time of Signature) Print Name: Print Title: Date: (Signature and Date Must Be Handwritten At Time of Signature)			ed above, subject to any required shed and the Contractor makes all ther agrees to provide any required in Massachusetts are attached or as, this Standard Contract Form, the e (excluding any language stricken relevant terms in the RFR and the ase terms result in best value, lower ALTH:
abo (not mot on to			



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

https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www	mass.gov/lists/osd-forms.	2 pasionou ionia ai em roma		
CONTRACTOR LEGAL NAME: TOWN OF SUNDERLAND (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:			
Legal Address: (W-9, W-4): 12 SCHOOL ST SUNDERLAND, MA 01375-9503		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108			
Contract Manager: MARLENE JOHNSON	Phone: 413-665-9508	Billing Address (if different):			
E-Mail: scsc@town.deerfield.ma.us	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419		
Contractor Vendor Code: VC6000191997		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368		
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COASUNDERLAND000			
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	140 C-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	ent)	Enter Amendment Amount: \$ (or "no change")			
Collective Purchase (Attach OSD approval, scope, hudge		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) Interim Contract (Attach justification for Interim Contract)			
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 language		Other Procurement Exception (Attach authorizing lar			
specific exemption or earmark, and exception justification,		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					
in the state accounting system by sufficient appropriations or c Rate Contract. (No Maximum Obligation) Attach details of	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. 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 oblig	gation for total duration o	this contract (or new total if Contract is being amended). \$ <u>{</u>	<u>3,684.00.</u>		
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason:agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)					
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant funding. The performance period for this award is 7/1/20-6/30/21. The municipality certifies that the funds will be used for COA activities, and will complete a final fiscal report accounting for how these grant funds were applied. All approved obligations incurred prior to the effective date of this agreement (for which payment obligations have been triggered) and are intended to be part of this agreement, are to be funded from the total amount awarded under this agreement. This contract, once executed by both parties, will be treated as the sole invoice for the maximum obligation of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021.					
ANTICIPATED START DATE: (Complete ONE option only) T	A DESCRIPTION OF THE PROPERTY		Contract obligations:		
1. may be incurred as of the Effective Date (latest signature			o Data		
2. may be incurred as of, 20, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date.					
CONTRACT END DATE: Contract performance shall terminate as ofJUNE 30, 20_21, with no new obligations being incurred after this date unamended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of recompleting any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during					
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall have accessed and reviewed all documents, or a later Contract or Amendment Start Date or approvals. The Contractor certifications that they have accessed and reviewed all documents incorporated by reference as electronically certifications required under the Standard Contract FormInstructions and Contractor Certifications under the pains and penalties of perjur documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms of Standard Contract FormInstructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedent of the process outlined in 801 CMR 21.07, incorporated herein, provided that any amen costs, or a more cost effective Contract.					
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:		AUTHORIZING SIGNATURE F			
12 h	1/2/191	v. Karehul B			
(Signature and Date Must Be Handwritten At Time of Signature)		(Signature and Date			
Print Name: Christina Johnson		Print Name: tachel			
Print Title: Director of Senior Center		Print Title:			

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 SUTTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 4 UXBRIDGE RD SUTTON, MA 01590-1702		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: MICHELLE EDELSTEIN	Phone: 508-234-0703	Billing Address (if different):	
E-Mail: m.edelstein@town.sutton.ma.us	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000191998		E-Mail: STACEY,OCONNELL@MASS,GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COASUTTON0000000	,
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-1	040 C-1040L-57550
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) ✓ Other Procurement Exception (Attach authorizing language, legislation with		CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment:, 20 Enter Amendment Amount: \$ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) Amendment to Date, Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget) Contract Employee (Attach any updates to scope or budget) Other Procurement Exception (Attach authorizing language/justification and updated	
specific exemption or earmark, and exception justification, s The Standard ContractForm Instructions and Contractor C into this Contract and are legally binding: (Check ONE option Services Commonwealth IT Terms and Conditions	ertifications and the fo	scope and budget) Illowing Commonwealth Terms and Conditions docume Ferms and Conditions Commonwealth Terms and Conditi	nt are incorporated by reference ons For Human and Social
COMPENSATION: (Check ONE option): The Department certi in the state accounting system by sufficient appropriations or o Rate Contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum oblig	ther non-appropriated fur all rates, units, calculatio	nds, subject to intercept for Commonwealth owed debts under ns, conditions or terms and any changes if rates or terms are	er 815 CMR 9.00. e being amended.)
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.) BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant funding. The performance period for this award is 7/1/20-6/30/21. The municipality certifies that the funds will be used for COA activities, and will complete a final fiscal report accounting for how these grant funds were applied. All approved obligations incurred prior to the effective date of this agreement (for which payment obligations have been triggered) and are intended to be part of this agreement, are to be funded from the total amount awarded under this agreement. This contract, once executed by both parties, will be treated as the sole invoice for the maximum obligation of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021.			
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:			ve Date. urred prior to the Effective Date are obligations under this Contract are
CONTRACT END DATE: Contract performance shall terminate as of JUNE 30, 20 21, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment shart Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes a certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any require documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached of incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricke by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: Date: 26/21.			

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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 SWANSEA (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 81 MAIN ST SWANSEA, MA 02777-4616		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: LAURIE PIMENTAL	Phone: 508-676-1831	Billing Address (if different):		
E-Mail: lpimentel@town.swansea.ma.us	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192002		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD_001.		MMARS Doc ID(s): FY21COASWANSEA000000		
(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	
		CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment:, 20 Enter Amendment Amount: \$ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) Amendment to Date, Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget) Contract Employee (Attach any updates to scope or budget) Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)		
The Standard Contract Form Instructions and Contractor into this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions				
in the state accounting system by sufficient appropriations or cRate Contract. (No Maximum Obligation) Attach details of	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 8 15 CMR 9.00. Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended). \$\frac{46,716.00}{2}\$.			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth paidentify a PPD as follows: Payment issued within 10 days? days% PPD. If PPD percentages are left blank, identify repayment (subsequent payments scheduled to support standard)	% PPD; Payment issued w eason: _✓_agree to star ard EFT 45 day payment	ithin 15 days % PPD; Payment issued within 20 days ndard 45 day cycle statutory/legal or Ready Payments (cycle. See Prompt Pay Discounts Policy.)	% PPD; Payment issued within 30 MG.L. c. 29, § 23A); only initial	
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant funding. The performance period for this award is 7/1/20-6/30/21. The municipality certifies that the funds will be used for COA activities, and will complete a final fiscal report accounting for how these grant funds were applied. All approved obligations incurred prior to the effective date of this agreement (for which payment obligations have been triggered) and are intended to be part of this agreement, are to be funded from the total amount awarded under this agreement. This contract, once executed by both parties, will be treated as the sole invoice for the maximum obligation of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021.				
ANTICIPATED START DATE: (Complete ONE option only) 1 1. may be incurred as of the Effective Date (latest signature)	[시민생시스() - [- [- [- [- [- [- [- [- [-	나 가게 되어 보는 나는 이 사람이 없는 아들은 그들은 나가는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는데 없는데 없었다.	Somi aci 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 <u>JULY1</u> , 20 <u>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 are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.				
CONTRACT END DATE: Contract performance shall terminate as of <u>JUNE 30</u> , 20 21, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or 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 sharl 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:				
(Undered CIOCIO) Developed of the Contracting				

ELD)

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https://www.macomptroller.org/lorns. Forms are also posted at	OSD 1 OTHS, Hups, hwww.	Tibas.govillatarosa forma.	
CONTRACTOR LEGAL NAME: CITY OF TAUNTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 15 SUMMER ST TAUNTON, MA 02780-3430		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: CHARLENE BONENFANT	Phone: 508-821-1425	Billing Address (if different):	
E-Mail: bonenfant@taunton-ma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000192003		E-Mail: STACEY,OCONNELL@MASS,GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD_001.		MMARS Doc ID(s): FY21COATAUNTON000000	
(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 AMENDMENT 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	t)	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 upda Interim Contract (Attach justification for Interim Contr	ted scope and budget)
Emergency Contract (Attach justification for emergency, s	cope, budget)	Contract Employee (Attach any updates to scope or	
Contract Employee (Attach Employment Status Form, sco Other Procurement Exception (Attach authorizing langua	ne, budget)	Other Procurement Exception (Attach authorizing la	
specific exemption or earmark, and exception justification,	scope and budget)	scope and budget)	
The Standard Contract Form Instructions and Contractor (into this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions	Certifications and the foon): Commonwealth	ollowing Commonwealth Terms and Conditions document Ferms 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	ifies that payments for au	thorized performance accepted in accordance with the terms	of this Contract will be supported
in the state accounting system by sufficient appropriations or c Rate Contract. (No Maximum Obligation) Attach details of	ther non-appropriated fur	nds, subject to intercept for Commonwealth owed debts under	e being amended.)
Maximum Obligation Contract. Enter total maximum oblig	gation for total duration of	this contract (or <i>new</i> total if Contract is being amended). \$	125,628.00.
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pa	avments are issued thro	ugh EFT 45 days from invoice receipt. Contractors reque	sting accelerated payments must
identify a PPD as follows: Payment issued within 10 days 9	6 PPD: Payment issued w	ithin 15 days % PPD; Payment issued within 20 days	% PPD; Payment issued within 30
days% PPD. If PPD percentages are left blank, identify re payment (subsequent payments scheduled to support standa	eason: <u>✓</u> agree to star	ndard 45 day cycle statutory/legal or Ready Payments (cycle. See Promot Pav Discounts Policy.)	W.G.L. G. 29, § 23A), Offiny littled
BRIFE DESCRIPTION OF CONTRACT PERFORMANCE or F	REASON FOR AMENDM	ENT: This contract is to distribute a formula grant award to the	ne Councils on Aging of the
municipalities of the Commonwealth, as appropriated in the Ch The performance period for this award is 7/1/20-6/30/21. The n	apter 227 of the Acts of 20	020. The award amount is determined by a census-based allo	ocation of available grant funding.
how these grant funds were applied. All approved obligations is	ncurred prior to the effective	ve date of this agreement (for which payment obligations have	e been triggered) and are intended
to be part of this agreement, are to be funded from the total am maximum obligation of this contract. COAs are responsible for	ount awarded under this a	greement. This contract, once executed by both parties, will be	be treated as the sole invoice for he
ANTICIPATED START DATE: (Complete ONE option only) T	he Department and Cont	ractor certify for this Contract, or Contract Amendment, that	Contract obligations:
1. may be incurred as of the Effective Date (latest signature			<u>.</u>
, 20, a date LATER than	the Effective Date below	v and <u>no</u> obligations have been incurred <u>prior</u> to the Effectiv	e Date.
✓ 3. were incurred as of JULY1, 20 20 , a date PRIOR to t	he Effective Date below,	and the parties agree that payments for any obligations incu	rred prior to the Effective Date are
authorized to be made either as settlement payments or 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.			e obligations.
CONTRACT END DATE: Contract performance shall termin	ate as of JUNE 30 .	20 21, with no new obligations being incurred after this da	ate unless the Contract is properly
amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
CERTIFICATIONS: Notwithstanding verbal or other represent	tations by the parties, the	"Effective Date" of this Contract or Amendment shall be t	he 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			
extifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of periury, and further agrees to provide any required			
documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached o 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 by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFF		e (excluding any language stricken	
by a Department as unacceptable, and additional negotiate	ed terms, provided that a	additional negotiated terms will take precedence over the morated herein, provided that any amended RFR or Respon	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 ame costs, or a more cost effective Contract.			
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:		AUTHORIZING SIGNATURE FOR THE COMMONWEA	LTH: 10-7/
X: June 1 . Date: 1 - 20 - 21			ite: 2-18-21
(Signature and Date Must Be Handwritten At Time of Signature)		(Signature and Date Must Be Handwritten	At time of Signature)
Print Name: Shoung O' Connell.		Print Name:	Accounting
Print Title: Mayor		THE TRIE	Tontochar

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https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.		
CONTRACTOR LEGAL NAME: TOWN OF TISBURY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): PO BOX 2147 VINEYARD HAVEN, MA 02568-0916		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: JOYCE STILES-TUCKER	Phone: 508-696-4205	Billing Address (if different):	
E-Mail: jstucker@tisburyma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000192006		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COATISBURY000000	
(Note: The Address ID must be set up for EFT payments.)	= ,	RFR/Procurement or Other ID Number: BD-21-1040-1	040 C-1040 L-57550
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget) The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions For Human and Soci 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. (No Maximum Obligation) Attach details of amendment amount: \$\frac{\text{CONTRACT AMENDMENT}}{\text{CONTRACT AMENDMENT}}\$ Enter Current Contract End Date \$\frac{Prior}{\text{ to mendment Amount: \$\frac{\text{Cont change}}{\text{ to mendment Amount: \$\frac{\text{Cont change}}{ to mendment Amount: \$\frac{\text{ to mendment Amount: \$\text{ to mendme		details of amendment changes.) ated scope and budget) ract and updated scope/budget) budget) budget) inguage/justification and updated intare incorporated by reference ions For Human and Social sof this Contract will be supported er 815 CMR 9.00. e being amended.) 11,280.00.	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.) BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant funding. The performance period for this award is 7/1/20-6/30/21. The municipality certifies that the funds will be used for COA activities, and will complete a final fiscal report accounting for how these grant funds were applied. All approved obligations incurred prior to the effective date of this agreement (for which payment obligations have been triggered) and are intended to be part of this agreement, are to be funded from the total amount awarded under this agreement. This contract, once executed by both parties, will be treated as the sole invoice for the			
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CONTRACT END DATE: Contract performance shall terminate as of			
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 Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes a certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any require documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricke by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: Date:			

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CONTRACTOR LEGAL NAME: TOWN OF TRURO (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): PO BOX 2030 TRURO, MA 02666-2030		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Phone: 508-487-2462	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): FY21COATRURO00000000		
	RFR/Procurement or Other ID Number: BD-21-1040-10	040C-1040L-57550	
	CONTRACT AMENDMENT		
on only)	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20		
	AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)		
	Contract Employee (Attach any updates to scope or t		
	Other Procurement Exception (Attach authorizing la	nguage/justification and updated	
r Certifications and the fo tion): Commonwealth	Illowing Commonwealth Terms and Conditions documer Terms and Conditions <u>✓</u> Commonwealth Terms and Conditi	nt are incorporated by reference ons For Human and Social	
other non-appropriated fur of 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.)	
% PPD; Payment issued w reason: ✓ agree to sta	ithin 15 days % PPD; Payment issued within 20 days ndard 45 day cycle statutory/legal or Ready Payments (% PPD; Payment issued within 30	
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR 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.			
		Contract obligations:	
ire date below) and <u>no</u> obli	gations have been incurred <u>prior</u> to the Effective Date.	a Data	
r as authorized reimbursen	nent payments, and that the details and circumstances of all	obligations under this Contract are	
CONTRACT END DATE: Contract performance shall terminate as ofJUNE 30_, 20 21, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claimor dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment 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 Contractination upon required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, he Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: Date: (Signature and Date Must Be Handwritten At Time of Signature) Print Name: Date: (Signature and Date Must Be Handwritten At Time of Signature) Print Name: Print Title: Print Title: Print Title: Print Title:			
	Fax: on only) ment) yet) R 2.00) (Solicitation porting documentation) proporting documentation) proporting documentation proporting documentation proporting documentation proporting documentation proporting documents proporting documents proporting documents proporting documents proporting documents proporting the proportion proporting documents proporting this executed co proporting this executed this proporting this proporting this proporting this proporting this propo	Business Mailing Address: 1 ASHBURTON PL BOST Fax:	



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

nttps://www.macomptroller.org/lorms. Forms are also posted at	OSD Forms: https://www.	mass.gov/iisis/osd-iorms.		
CONTRACTOR LEGAL NAME: TOWN OF TYNGSBOROUGH (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4):10 KENDALL RD TYNGSBOROUGH, MA 01879-1013		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: BARBARA ROCHE	Phone: 978-649-9211	Billing Address (if different):		
E-Mail: broche@tyngsboroughma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192011	1	E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COATYNGSBOROUGH0		
(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	n 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 Department Procurement (includes all Grants - 815 CMR			AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) Amendment to Date, Scope or Budget (Attach updated scope and budget)	
Notice or RFR, and Response or other procurement supp	orting documentation)	Interim Contract (Attach justification for Interim Contr		
Emergency Contract (Attach justification for emergency, s Contract Employee (Attach Employment Status Form, sco		Contract Employee (Attach any updates to scope or I		
✓ Other Procurement Exception (Attach authorizing langua specific exemption or earmark, and exception justification,	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	Certifications and the fo	ollowing Commonwealth Terms and Conditions documer Terms and Conditions ✓ Commonwealth Terms and Conditi	nt are incorporated by reference ons For Human and Social	
Services Commonwealth IT Terms and Conditions		2 N 2 N 2 N 2 N 2 N 2 N 2 N 2 N 2 N 2 N		
COMPENSATION: (Check ONE option): The Department cert in the state accounting system by sufficient appropriations or of	ifies that payments for au	thorized performance accepted in accordance with the terms	of this Contract will be supported er 815 CMR 9.00.	
Rate Contract. (No Maximum Obligation) Attach details of	fall rates, units, calculation	ons, conditions or terms and any changes if rates or terms are	e being amended.)	
✓ Maximum Obligation Contract. Enter total maximum obligation.	gation for total duration of	f this contract (or new total if Contract is being amended). \$_	<u>19,548.00.</u>	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth p	ayments are issued thro	ugh EFT 45 days from invoice receipt. Contractors reque	sting accelerated payments must	
identify a PPD as follows: Payment issued within 10 days days % PPD. If PPD percentages are left blank, identify n	6 PPD; Payment issued w eason: ✓ agree to sta	ndard 45 days % PPD; Payment issued within 20 days ndard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial	
payment (subsequent payments scheduled to support stands	ard EFT 45 day payment	cycle. See Prompt Pay Discounts Policy.)	24 57 57 57 57 54 CG	
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or I municipalities of the Commonwealth, as appropriated in the Ch	REASON FOR AMENDM	ENT: This contract is to distribute a formula grant award to the	ne Councils on Aging of the	
The performance period for this award is 7/1/20-6/30/21. The r	municipality certifies that the	he funds will be used for COA activities, and will complete a	final fiscal report accounting for	
how these grant funds were applied. All approved obligations it to be part of this agreement, are to be funded from the total am	ncurred prior to the effective	ve date of this agreement (for which payment obligations have	e been triggered) and are intended	
maximum obligation of this contract. COAs are responsible for			70 a culcu do are ode invento for the	
ANTICIPATED START DATE: (Complete ONE option only)	(A)		Contract obligations:	
1. may be incurred as of the Effective Date (latest signature	e date below) and <u>no</u> obli	gations have been incurred prior to the Effective Date.	n Data	
2. may be incurred as of, 20, a date LATER tha				
3. were incurred as of <u>JULY 1</u> , 20 20 , a date PRIOR to the Effective Date below, and the parties agree that payme authorized to be made either as settlement payments or as authorized reimbursement payments, and that the detail		ment payments, and that the details and circumstances of all	obligations under this Contract are	
attached and incorporated into this Contract. Acceptance	e of payments forever rele	eases the Commonwealth from further claims related to these	e obligations.	
CONTRACT END DATE: Contract performance shall terminate as ofJUNE 30_, 20_21, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for				
completing any negotiated terms and warranties, to allow any	close out or transition per	rformance, reporting, invoicing or final payments, or during	any lapse between amendments.	
CERTIFICATIONS: Notwithstanding verbal or other represer	ntations 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	f the Contractor, the Depa	artment, or a later Contract or Amendment Start Date specifi	ed 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				
incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, 1 Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricked).				
by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lo			relevant terms in the RFR and the	
Contractor's Response only if made using the process outline costs, or a more cost effective Contract.	d in 801 CMR 21.07, inco	rporated herein, provided that any amended RFR or Respor	ise terms result in best value, lower	
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:		AUTHORIZING SIGNATURE FOR THE COMMONWE	ALTH:	
X: Mothun Harrison Date:	1/27/21	x: Leavy Com. D.	ate: 2-1821	
(Signature and Date Must Be Handwritten At Time		(Signature and Date Must Be Handwritten		
Print Name: Mathew Hanson		Print Name: Pagy Connelly		
Print Title: Town Administrator .				
(Updated 6/30/20) Page 1 of 1 and Contacting				