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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 at CTR Forms are also posted at OSD Forms at CTR Forms are also posted at OSD Forms at CTR Forms are also posted at OSD Forms at CTR Forms are also posted at OSD Forms at CTR Forms are also posted at OSD Forms at CTR Forms are also posted at OSD Forms at CTR Forms are also posted at OSD Forms at CTR Forms are also posted at OSD Forms at CTR Forms are also posted at OSD Forms at CTR Forms are also posted at OSD Forms at CTR Forms are also posted at OSD Forms at CTR Forms are also p

	COMMONWEALTH DEPARTMENT NAME: EXECUTIVE MMARS Department Code:	OFFICE OF ELDER AFFAIRS	
Legal Address: (W-9, W-4): PO BOX 620 EAST TEMPLETON, MA 01438-0620		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
-894-2780	Billing Address (if different):		
	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
	E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
	MMARS Doc ID(s): FY21COATEMPLETON0000		
	RFR/Procurement or Other ID Number: BD-21-1040-1	040 C-1040L-57550	
Note: The Address ID must be set up for EFT payments.) X		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	
		nt are incorporated by reference	
nonwealth 1	Ferms and Conditions <u><</u> Commonwealth Terms and Conditions	ions For Human and Social	
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended). \$ 19,164.00. 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 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: 1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date. 2. may be incurred as of, 20, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date.			
ansition per	formance, reporting, invoicing or final payments, or during	any lapse between amendments.	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this			
	with liget) and the formonwealth The ments for autopriated function of duration of duration of saued through the Acts of 20 ortifies that the other effective under this auxecuted contract of the effective under the below, reimbursem forever relevant and ansition per parties, the remaining per extension of the effective under the effective und	MMARS Doc ID(s): FY21COATEMPLETON0000 RFR/Procurement or Other ID Number: BD-21-1040-1	

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https://www.macomptroller.org/forms. Forms are also posted a	OSD Forms: https://www.	.mass.gov/lists/osd-forms.	···
CONTRACTOR LEGAL NAME: TOWN OF TEWKSBURY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 1009 MAIN ST TEWKSBURY, MA 01876-4726		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: JAN CONOLE	Phone: 978-640-4482	Billing Address (if different):	
E-Mail: jconole@tewksbury-ma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000192005		E-Mail: STACEY,OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COATEWKSBURY0000	
(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		CONTRACT AMEND	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check one option	ı only)	Enter Current Contract End Date Prior to Amendment:	, 20_ <u></u> .
Statewide Contract (OSD or an OSD-designated Departm	P.03	Enter Amendment Amount: \$ (or "no change	
Collective Purchase (Attach OSD approval, scope, budge		AMENDMENT TYPE: (Check one option only. Attach o	
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	
Emergency Contract (Attach justification for emergency, s		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,		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 footion): Commonwealth	ollowing Commonwealth Terms and Conditions docume Terms and Conditions <u><</u> Commonwealth Terms and Conditions	nt are incorporated by reference ions For Human and Social
COMPENSATION: (Check ONE option): The Department cer in the state accounting system by sufficient appropriations or a Rate Contract. (No Maximum Obligation) Attach details o Maximum Obligation Contract. Enter total maximum obligation	other non-appropriated fur f all rates, units, calculation	nds, subject to intercept for Commonwealth owed debts und ons, conditions or terms and any changes if rates or terms ar	er 815 CMR 9.00. e being amended.)
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth p	avments are issued thro	ugh EFT 45 days from invoice receipt. Contractors reque	esting accelerated payments must
identify a PPD as follows: Payment issued within 10 days days % PPD. If PPD percentages are left blank, identify payment (subsequent payments scheduled to support standard)	% PPD; Payment issued w eason: <u>✓</u> 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
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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:			Contract obligations:
2, may be incurred as of, 20, a date LATER tha	n the Effective Date belov	w and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	
attached and incorporated into this Contract. Acceptance	as authorized reimbursem e of payments forever rele	ent payments, and that the details and circumstances of all- eases the Commonwealth from further claims related to these	obligations under this Contract are e obligations.
CONTRACT END DATE: Contract performance shall termin amended, provided that the terms of this Contract and performance completing any negotiated terms and warranties, to allow any	mance expectations and	obligations shall survive its termination for the purpose of	resolving any claim or dispute, for
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, he Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken 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: AUTHORIZING SIGNATURE F			
Print Name: Rullwyld-Montilli Print Title: Town Manager	2	Print Name: Rachel Goldstein Print Title:	<u>n</u>
Print little: Journal Williams		Frint fitte.	



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https://www.mass.gov/lists/osd-forms.

https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.i	mass.gov/lists/osd-torms.		
CONTRACTOR LEGAL NAME: TOWN OF UPTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 1 MAIN ST UPTON, MA 01568-1619		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: JANICE NOWICKI	Phone: 508-529-4558	Billing Address (if different):		
E-Mail: jnowicki@uptonma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192013		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAUPTON00000000		
(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)		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 langual specific exemption or earmark, and exception justification,		Other Procurement Exception (Attach authorizing la scope and budget)	mgaagajusiiloation ana apaatoa	
The Standard Contract Form Instructions and Contractor into this Contract and are legally binding: (Check ONE opti ServicesCommonwealth IT Terms and Conditions	Certifications and the fo	ollowing Commonwealth Terms and Conditions docume Terms and Conditions ✓ Commonwealth Terms and Condi	nt are incorporated by reference iions For Human and Social	
COMPENSATION: (Check ONE option): The Department cert in the state accounting system by sufficient appropriations or a Rate Contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum obligation	other non-appropriated fur f all rates, units, calculatic gation for total duration of	nds, subject to intercept for Commonwealth owed debts und ons, conditions or terms and any changes if rates or terms a f this contract (or <i>new</i> total if Contract is being amended). \$	der 815 CMR 9.00. re being amended.) 	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pidentify a PPD as follows: Payment issued within 10 days days % PPD. If PPD percentages are left blank, identify payment (subsequent payments scheduled to support standard)	% PPD; Payment issued w eason: <u>✓</u> agree to sta ard EFT 45 day payment	rithin 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 (M.G.L. c. 29, § 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 r how these grant funds were applied. All approved obligations to be part of this agreement, are to be funded from the total ammaximum obligation of this contract. COAs are responsible for	REASON FOR AMENDM napter 227 of the Acts of 21 municipality certifies that the incurred prior to the effection nount awarded under this a returning this executed co	ENT: This contract is to distribute a formula grant award to 020. The award amount is determined by a census-based al he funds will be used for COA activities, and will complete a ve date of this agreement (for which payment obligations ha agreement. This contract, once executed by both parties, will intract by no later than June 30, 2021.	location of available grant funding. I final fiscal report accounting for we been triggered) and are intended 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 signatur 2. may be incurred as of, 20, a date LATER tha	e date below) and <u>no</u> obli	gations have been incurred <u>prior</u> to the Effective Date.	ive Date	
3. were incurred as of <u>JULY 1</u> , 20 20 , a date PRIOR to authorized to be made either as settlement payments or	the Effective Date below, as authorized reimbursen	and the parties agree that payments for any obligations in nent payments, and that the details and circumstances of a eases the Commonwealth from further claims related to the	curred prior to the Effective Date are II obligations under this Contract are	
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 required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, 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 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: Author I and the Latest date that the process deficies to any required and the Contractor of the contractor of the contractor. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: Author I and Contract or Amendment Start Date specified above, subject to any required and the Contractor of the contract or Amendment Start Date specified above, subject to any required and the Contractor of the painten			ified above, subject to any required ished and the Contractor makes all inther 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:	
(Signature and Date Must Be Handwritten At Time of Signature) Print Name: DETACK BROWN		X: Yacul Julester. Date: 25 20.21 (Signature and Date Must Be Handwritten At Time of Signature) Print Name: Raylest Cod Steel.		

V2

Print Title:

Print Title: Jour mana GER

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CONTRACTOR LEGAL NAME: TOWN OF UXBRIDGE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 21 S MAIN ST UXBRIDGE, MA 01569-1851		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: LISA BERNARD	Phone: 508-278-8622	Billing Address (if different):	9	
E-Mail: lbernard@uxbridge-ma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192014		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAUXBRIDGE00000	-	
(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) Total Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget) The Standard Contract Form Instructions and Contractor Certifications and the for into this Contract and are legally binding: (Check ONE option):Commonwealth Terms and Conditions		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		
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). \$\frac{29,100.00}{29,100.00}. 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 fun				
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:				
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:				

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https://www.macomptroller.org/forms. Forms are also posted at	t OSD Forms: https://www	v.mass.gov/lists/osd-forms.	is published forms at OTK Forms	
CONTRACTOR LEGAL NAME: TOWN OF WAKEFIELD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE MMARS Department Code:	COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 1 LAFAYETTE ST WAKEFIELD, MA 01880-2339		Business Mailing Address: 1 ASHBURTON PL BOST	ΓΟΝ, MA 02108	
Contract Manager: JUDY LUCIANO	Phone: 781-245-3312	Billing Address (if different):		
E-Mail: jluciano@wakefield.ma.us	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192016		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD_001.		MMARS Doc ID(s): FY21COAWAKEFIELD0000	part of the second	
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Notice or RFR, and Response or other procurement supp Emergency Contract (Attach justification for emergency, s		Interim Contract (Attach justification for Interim Contr	act and updated scope/budget)	
Contract Employee (Attach Employment Status Form, sco	pe, budget)	Contract Employee (Attach any updates to scope or I	budget)	
✓ Other Procurement Exception (Attach authorizing languar specific exemption or earmark, and exception justification, s	ge, legislation with	 Other Procurement Exception (Attach authorizing la scope and budget) 	nguage/justification and updated	
The Standard Contract Form Instructions and Contractor (Certifications and the fo	ollowing Commonwealth Terms and Conditions documen	nt are incorporated by reference	
Into this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions	ion): Commonwealth `	Terms and Conditions <u>✓ Commonwealth</u> Terms and Condition	ons For Human and Social	
COMPENSATION: (Check ONE option): The Department cert	ifies that payments for au	thorized performance accepted in accordance with the terms	of this Contract will be supported	
in the state accounting system by sufficient appropriations or cRate Contract. (No Maximum Obligation) Attach details of	f all rates, units, calculatio	ons, conditions or terms and any changes if rates or terms are	e heing amended \	
Maximum Obligation Contract. Enter total maximum oblig	gation for total duration of	f this contract (or <i>new</i> total if Contract is being amended). \$ _	62,508.00 <u>.</u>	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pa	ayments are issued thro	ough 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 re	& PPD: Payment issued w	within 15 days % PPD: Payment issued within 20 days	0/ DDD: Daymantinguad with in 00	
payment (subsequent payments scheduled to support standa	ard EF I 45 day payment	cycle. See Prompt Pay Discounts Policy.)		
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or R	REASON FOR AMENDME	FNT: This contract is to distribute a formula grant award to the	e Councils on Aging of the	
The performance period for this award is 7/1/20-6/30/21. The m	apter 227 of the Acts of 20 nunicipality certifies that th	020. The award amount is determined by a census-based allo	ocation of available grant funding.	
now these grant funds were applied. All approved obligations in	ncurred prior to the effective	ve date of this agreement (for which navment obligations have	e heen tringered) and are intended	
to be part of this agreement, are to be funded from the total amount awarded under this agreement. This contract, once executed by both parties, will be treated as the sole invoice for maximum obligation of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021.			be treated as the sole invoice for the	
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:				
1. may be incurred as of the Effective Date (latest signature	e date below) and <u>no</u> oblig	gations have been incurred prior to the Effective Date.		
2. may be incurred as of, 20, a date LATER than	n the Effective Date below	w and no obligations have been incurred prior to the Effective	e Date.	
✓ 3. were incurred as of <u>JULY 1</u> , 20 <u>20</u> , a date PRIOR to the	ne Effective Date below,	and the parties agree that payments for any obligations incu nent payments, and that the details and circumstances of all o	rred prior to the Effective Date are	
attached and incorporated into this Contract. Acceptance	of payments forever rele	ient payments, and that the details and circumstances of all c eases the Commonwealth from further claims related to these	obligations under this Contract are obligations	
CONTRACT END DATE: Contract performance shall termina	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 o	nance expectations and close out or transition per	obligations shall survive its termination for the purpose of r formance, reporting, invoicing or final payments, or during	resolving any claim or dispute, for any lapse between amendments.	
CERTIFICATIONS: Notwithstanding verbal or other represents	ations by the parties, the	"Effective Date" of this Contract or Amendment shall be the	ne latest date that this Contract or	
Amendment has been executed by an authorized signatory of t approvals. The Contractor certifies that they have accessed	d and reviewed all docu	uments incorporated by reference as electronically publish	had and the Contractor makes all	
certifications required under the Standard Contract Form Instru	ctions and Contractor Ce	ertifications under the nains and penalties of periury and furth	har agmente provide any reguland	
documentation upon request to support compliance, and ag incorporated by reference herein according to the following hier	grees that all terms gove	erning performance of this Contract and doing business i	in Massachusetts are attached or	
Standard Contract Form Instructions and Contractor Certification	ons, the Request for Resp	ponse (RFR) prother solicitation, the Contractor's Response	Leveluding any language etricken	
by a Department as unacceptable, and additional negotiate	ed terms, provided that a	additional negotiated terms will take precedence over the r	calayant tarme in the DED and the	
Contractor's Response only if made using the process outlined costs, or a more cost effective Contract.	IN SUI CIVIC 21.01, IIICOI	porated nerein, provided that any amended KFK or Kespons	e terms result in best value, lower	
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:		AUTHORIZING SIGNATURE FOR THE COMMONWEA	LTH:	
X: Step . Date: /	1/20/21		\$ A	
X: Date: Date: Signature and Date Must Be Handwritten At Time	of Signature)	X: Yashi Must Be Handwritten A	At Time of Signature)	
Print Name: Stephing P. Maio	1	Print Name: Rachel Golds	tein	
Print Title: Town Administration		Print Title:		

4 / N

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

https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.i			
CONTRACTOR LEGAL NAME: TOWN OF WALES (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): PO BOX 834 WALES, MA 01081-0834		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: CHERI FISHER	Phone: 413-245-9683	Billing Address (if different):		
E-Mail: coa@townofwales.net	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192017		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAWALES00000000		
(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	
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 AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment:, 20 Enter Amendment Amount: \$\ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) Amendment to Date, Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget) Contract Employee (Attach any updates to scope or budget)		
Contract Employee (Attach Employment Status Form, sco ✓ Other Procurement Exception (Attach authorizing language	ge, legislation with	Other Procurement Exception (Attach authorizing la scope and budget)	nguage/justification and updated	
specific exemption or earmark, and exception justification, s The Standard Contract Form Instructions and Contractor (into this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions	Certifications and the fo on): Commonwealth	Illowing Commonwealth Terms and Conditions docume Ferms and Conditions <u>Commonwealth</u> Terms and Conditions	ions For Human and Social	
COMPENSATION: (Check ONE option): The Department cert in the state accounting system by sufficient appropriations or compensation. Attach details of Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum obligation.	other non-appropriated fur fall rates, units, calculation	ids, subject to intercept for Commonwealth owed debts und ns, conditions or terms and any changes if rates or terms ar	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: _v_ 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				
amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termnation 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 shall be the latest date that this Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes 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: Signature and Date Must Be Handwritten At Time of Signature) Print Nam				

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

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

https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.	mass.gov/lists/osd-forms.			
CONTRACTOR LEGAL NAME: CITY OF WALTHAM (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:			
Legal Address: (W-9, W-4): 610 MAIN ST WALTHAM, MA 02452-5580		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108			
Contract Manager: MARYBETH DUFFY	Phone: 781-314-3497	Billing Address (if different):			
E-Mail: mbduffy@city.waltham.ma.us	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419		
Contractor Vendor Code: VC6000192141		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368		
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAWALTHAM000000			
(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, 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	scope and budget) Scope and budget	nt are incorporated by reference iions For Human and Social		
COMPENSATION: (Check ONE option): The Department cer in the state accounting system by sufficient appropriations or Rate Contract. (No Maximum Obligation) Attach details o Maximum Obligation Contract. Enter total maximum obligation	other non-appropriated fu f all rates, units, calculation	nds, subject to intercept for Commonwealth owed debts und ons, conditions or terms and any changes if rates or terms a	der 815 CMR 9.00. re being amended.)		
identify a PPD as follows: Payment issued within 10 days days% PPD. If PPD percentages are left blank, identify in payment (subsequent payments scheduled to support stand	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)			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> obli	igations have been incurred <u>prior</u> to the Effective Date.	ve Date		
3. were incurred as of <u>JULY 1</u> , 20 20 , a date PRIOR to authorized to be made either as settlement payments or	the Effective Date below as authorized reimburser	, and the parties agree that payments for any obligations incoment payments, and that the details and circumstances of all eases the Commonwealth from further claims related to these	curred prior to the Effective Date are Il obligations under this Contract are		
CONTRACT END DATE: Contract performance shall termi amended, provided that the terms of this Contract and perfo completing any negotiated terms and warranties, to allow any	rmance expectations and	dobligations shall survive its termination for the purpose of	fresolving any claim or dispute, for		
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this 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, 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:			fied above, subject to any required ished and the Contractor makes all rther agrees to provide any required is in Massachusetts are attached or inst, 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 6/3	30/20) Page 1 of 1			

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



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CONTRACTOR LEGAL NAME: TOWN OF WARE		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS	
(and d/b/a): Legal Address: (W-9, W-4): 126 MAIN ST		MMARS Department Code: Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
WARE, MA 01082-1360			
Contract Manager: JOHN ZIENOWICZ	Phone: 413-967-9645	Billing Address (if different):	
E-Mail: jzienowicz@townofware.com	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000192020		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAWARE000000000	
(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	MATERIAL AND
PROCUREMENT OR EXCEPTION TYPE: (Check one option	5050	Enter Current Contract End Date <u>Prior</u> to Amendment: (or "no change	
Statewide Contract (OSD or an OSD-designated Departm Collective Purchase (Attach OSD approval, scope, budge	ent)	AMENDMENT TYPE: (Check one option only. Attach of	
Department Procurement (includes all Grants - 815 CMR	2.00) (Solicitation	Amendment to Date, Scope or Budget (Attach upda	[1] 보다 10 mm - 10 mm
Notice or RFR, and Response or other procurement supp Emergency Contract (Attach justification for emergency, s	1/3	Interim Contract (Attach justification for Interim Contr	
Contract Employee (Attach Employment Status Form, sco	pe, budget)	Contract Employee (Attach any updates to scope or l	
Other Procurement Exception (Attach authorizing langua specific exemption or earmark, and exception justification,		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 options)	Certifications and the fo	Illowing Commonwealth Terms and Conditions documer Terms and Conditions <u>V</u> Commonwealth Terms and Conditi	nt are incorporated by reference ons For Human and Social
Services Commonwealth IT Terms and Conditions			
COMPENSATION: (Check ONE option): The Department ceri in the state accounting system by sufficient appropriations or of	ifies that payments for au	thorized performance accepted in accordance with the terms	s of this Contract will be supported
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 obli	gation for total duration of	f this contract (or new total if Contract is being amended). \$_	24,792.00.
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payment (subsequent payments scheduled to support stands	ard EFT 45 day payment	cycle. See Prompt Pay Discounts Policy.)	W.C.E. 6. 20, 3 2079, only illiadi
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2. may be incurred as of, 20, a date LATER tha	n the Effective Date below	w and <u>no</u> obligations have been incurred <u>prior</u> to the Effectiv	ve 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 inco nent payments, and that the details and circumstances of all	urred prior to the Effective Date 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	20 21, with no new obligations being incurred after this de	ate unless the Contract is properly
completing any negotiated terms and warranties, to allow any			
CERTIFICATIONS: Notwithstanding verbal or other represer Amendment has been executed by an authorized signatory of	tations 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 doc	uments incorporated by reference as electronically published	shed and the Contractor makes all
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			ther agrees to provide any required
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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	/	AUTHORIZING SIGNATURE FOR THE COMMONWE	ALTH:
X:		X: Date; Date; Date; (Signature)	
Print Name: Stuart Beckley.		Print Name: 1899 V. On NECLY	
Print Title: Fown Manager.		Print Title: WATOR OF	THOUNKING
0	(Updated 6/3	0/20) Page 1 of 1 0 0 (0)	trocting J

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https://www.macompaciner.org/remie. Femile are also posted at	oob i oillis. https://www.	inass.govinstarosu-iornis.	
CONTRACTOR LEGAL NAME: TOWN OF WAREHAM (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 54 MARION RD WAREHAM, MA 02571-1428		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: MISSY DZICZEK	Phone: 508-291-3130	Billing Address (if different):	
E-Mail: mdziczek@wareham.ma.us	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000192021		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAWAREHAM000000	Land of the land o
(Note: The Address ID must be set up for EFT payments.)	Α	RFR/Procurement or Other ID Number: BD-21-1040-10	40C-1040L-57550
X NEW CONTRACT		CONTRACT AMEND	MENT
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The Standard Contract Form Instructions and Contractor C into this Contract and are legally binding: (Check ONE optic ServicesCommonwealth IT Terms and Conditions	ertifications and the fol n): Commonwealth T	lowing Commonwealth Terms and Conditions documenterms and Conditions ✓ Commonwealth Terms and Condition	t are incorporated by reference ons For Human and Social
COMPENSATION: (Check ONE option): The Department certifin the state accounting system by sufficient appropriations or ot Rate Contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum oblig	her non-appropriated fun all rates, units, calculation	ds, subject to intercept for Commonwealth owed debts unde ns, conditions or terms and any changes if rates or terms are	r 815 CMR 9.00. be being amended.)
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pay a PPD as follows: Payment issued within 10 days% PPD; Payment is PPD. If PPD percentages are left blank, identify reason: (subsequent payments scheduled to support standard EFT 45 or	ayment issued within 15 c agree to standard 45 da	lays % PPD; Payment issued within 20 days % PPD; P ay cycle statutory/legal or Ready Payments (M.G.L. c. 2	Payment issued within 30 days %
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or R municipalities of the Commonwealth, as appropriated in the Cha The performance period for this award is 7/1/20-6/30/21. The m how these grant funds were applied. All approved obligations in to be part of this agreement, are to be funded from the total amo maximum obligation of this contract. COAs are responsible for re	pter 227 of the Acts of 20 unicipality certifies that th curred prior to the effectiv unt awarded under this ac	20. The award amount is determined by a census-based allow e funds will be used for COA activities, and will complete a fire date of this agreement (for which payment obligations have greement. This contract, once executed by both parties, will be	cation of available grant funding. nal fiscal report accounting for been triggered) and are intended
ANTICIPATED START DATE: (Complete ONE option only) The			Contract obligations:
1. may be incurred as of the Effective Date (latest signature			E 8
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 provided that the terms of this Contract and performance expect negotiated terms and warranties, to allow any close out or trans	tations and obligations s	hall survive its termination for the purpose of resolving any c	laim or dispute, for completing any
CERTIFICATIONS: Notwithstanding verbal or other represent Amendment has been executed by an authorized signatory of approvals. The Contractor certifies that they have accessed and required under the Standard Contract Form Instructions and Coupon request to support compliance, and agrees that all terms herein according to the following hierarchy of document precedinstructions and Contractor Certifications, the Request for Resunacceptable, and additional negotiated terms, provided that acceptable, and additional negotiated terms, provided that acceptable is a process outlined in 801 CMR 21.07, incorporate	the Contractor, the Depa I reviewed all documents ntractor Certifications und governing-performance-o lence, the applicable Cor sponse (RFR) or other sel Iditional negotiated terms	urtment, or a later Contract or Amendment Start Date specifincorporated by reference as electronically published and the der the pains and penalties of perjury, and further agrees to pf-this-Contract-and-doing-business-in-Massachusetts are atternmonwealth Terms and Conditions, this Standard Contract olicitation, the Contractor's Response (excluding any langual will take precedence over the relevant terms in the RFR and	fied above, subject to any required to Contractor makes all certifications rovide any required documentation ached-or-incorporated by reference-form, the Standard Contract Form usage stricken by a Department as the Contractor's Response only if

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH

(Signature and Date Must Be Handwritten At Time of Signature)

SIGNATURE FOR THE CONTRACTOR:

(Signature and Date Must Be Handwritten At Time of Signature)

20

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CONTRACTOR LEGAL NAME: TOWN OF WARREN		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
(and d/b/a): Legal Address: (W-9, W-4): PO BOX 609		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
WARREN, MA 01083-0609		Business maining , tauties.	
Contract Manager: SHARON MELI	Phone: 413-436-5662	Billing Address (if different):	
E-Mail: meli@warren-ma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000192022		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAWARREN0000000	
(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:	
Statewide Contract (OSD or an OSD-designated Departme	ent)	Enter Amendment Amount: \$ (or "no change"	
Collective Purchase (Attach OSD approval, scope, budget Department Procurement (includes all Grants - 815 CMR 2)	AMENDMENT TYPE: (Check one option only. Attach do Amendment to Date, Scope or Budget (Attach update	
Notice or RFR, and Response or other procurement suppo	rting documentation)	Amendment to Date, Scope of Budget (Attach update) Interim Contract (Attach justification for Interim Contra	act and undated scope/budget)
Emergency Contract (Attach justification for emergency, so	cope, budget)	Contract Employee (Attach any updates to scope or b	udget)
Contract Employee (Attach Employment Status Form, sco Other Procurement Exception (Attach authorizing language	pe, budget) e legislation with	Other Procurement Exception (Attach authorizing lan	guage/justification and updated
specific exemption or earmark, and exception justification, s	cope and budget)	scope and budget)	
The Standard Contract Form Instructions and Contractor C	ertifications and the fol	lowing Commonwealth Terms and Conditions document	t are incorporated by reference
into this Contract and are legally binding: (Check ONE option Services Commonwealth IT Terms and Conditions	on):Commonwealth I	erms and Conditions Commonwealth Terms and Conditions	lis For Human and Social
COMPENSATION: (Check ONE option): The Department certi-	fies that payments for aut	horized performance accepted in accordance with the terms	of this Contract will be supported
in the state accounting system by sufficient appropriations or of	her non-appropriated fun	ds, subject to intercept for Commonwealth owed debts under	1815 CIVIR 9.00.
Rate Contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum obligation	all rates, units, calculation of	this contract (or new total if Contract is being amended). \$ 1	10,896.00.
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify			
a RPD 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 BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or F	day payment cycle. See H	Prompt Pay Discounts Policy.)	e Councils on Aging of the
municipalities of the Commonwealth, as appropriated in the Cha	inter 227 of the Acts of 20	The award amount is determined by a census-based allow	cation of available grant funding.
The performance period for this award is 7/1/20-6/30/21. The m	unicipality certifies that th	e funds will be used for COA activities, and will complete a ti	inal fiscal report accounting for
how these grant funds were applied. All approved obligations in to be part of this agreement, are to be funded from the total amount	curred prior to the effective	e date of this agreement (for which payment obligations have preement. This contract, once executed by both parties, will be	e treated as the sole invoice for the
maximum obligation of this contract. COAs are responsible for re	eturning this executed cor	stract by no later than June 30, 2021.	
ANTICIPATED START DATE: (Complete ONE option only) T	he Department and Contr	actor certify for this Contract, or Contract Amendment, that C	Contract obligations:
1. may be incurred as of the Effective Date (latest signature	date below) and no oblig	nations have been incurred prior to the Effective Date.	- Data
	the Effective Date below	and no obligations have been incurred prior to the Ellective	red prior to the Effective Date are
authorized to be made either as settlement payments or a	s authorized reimbursem	ent payments, and that the details and circumstances of all c	obligations under this Contract are
attached and incorporated into this Contract. Acceptance	of payments forever release	ases the Commonwealth from further claims related to these	obligations.
CONTRACT END DATE: Contract performance shall terminate	e as of <u>JUNE 30</u> , 20 <u>21</u>	with no new obligations being incurred after this date unless	the Contract is properly amended,
provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
CERTIFICATIONS: Notwithstanding verbal or other represen	Name and Address of the Owner o		
Amendment has been executed by an authorized signatory of	the Contractor, the Depart	artment, or a later Contract or Amendment Start Date specif	fied above, subject to any required
approvals. The Contractor certifies that they have accessed an	d reviewed all documents	incorporated by reference as electronically published and the	e Contractor makes all certifications
required under the Standard Contract Form Instructions and Coupon request to support compliance, and agrees that all terms	ontractor Certifications un	der the pains and penalties of perjury, and further agrees to p of this Contract and doing business in Massachusetts are atta	ached or incorporated by reference
horein according to the following hierarchy of document prece	dence, the applicable Co	mmonwealth Terms and Conditions, this Standard Contract	Form, the Standard Contract Form
Instructions and Contractor Certifications, the Request for Re	esponse (RFR) or other s	solicitation, the Contractor's Response (excluding any lang	uage stricken by a Department as
unacceptable, and additional negotiated terms, provided that a made using the process outlined in 801 CMR 21.07, incorpora	ted herein, provided that a	any amended RFR or Response terms result in best value, k	ower costs, or a more cost effective
Contract.			
AUTHORIZING CICNATURE FOR THE CONTRACTOR.		A INTHODIZING SIGNATURE FOR THE COMMONWE	

Print Name:

(Signature and Date Must Be Handwritten At Time of Signature)

(Signature and Date Must Be Handwritten At Time of Signature)

Print Name: MARC

Print Title: U.C.

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

https://www.macomptroller.org/forms. Forms are also posted at OSD Forms: https://www.mass.gov/lists/osd-forms.					
CONTRACTOR LEGAL NAME: TOWN OF WARWICK (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:			
Legal Address: (W-9, W-4): 12 ATHOL RD WARWICK, MA 01364-9631		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108			
Contract Manager: HELEN WHIPPLE	Phone: 978-544-6406	Billing Address (if different):			
MANUAL PROPERTY OF THE PERSON	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419		
Contractor Vendor Code: VC6000192023		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368		
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAWARWICK000000			
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	40C-1040L-57550		
X NEW CONTRACT		CONTRACT AMENDI			
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date Prior to Amendment:			
Statewide Contract (OSD or an OSD-designaled Department	10000	Enter Amendment Amount: \$ (or "no change"			
Collective Purchase (Attach OSD approval, scope, budget)		AMENDMENT TYPE: (Check one option only. Attach d	etails of amendment changes.)		
Department Procurement (includes all Grants - 815 CMR 2 Notice or RFR, and Response or other procurement suppor	.00) (Solicitation	Amendment to Date, Scope or Budget (Attach updat			
Emergency Contract (Attach justification for emergency, so	ope, budget)	Interim Contract (Attach justification for Interim Contra			
Contract Employee (Attach Employment Status Form, scop		Contract Employee (Attach any updates to scope or b Other Procurement Exception (Attach authorizing lan			
Other Procurement Exception (Attach authorizing language specific exemption or earmark, and exception justification, so		scope and budget)	guage/justification and operated		
The Standard Contract Form Instructions and Contractor Contract this Contract and are legally binding: (Check ONE option Services Commonwealth IT Terms and Conditions	ertifications and the fol	lowing Commonwealth Terms and Conditions documen erms and Conditions Commonwealth Terms and Condition	t are incorporated by reference ons For Human and Social		
COMPENSATION: (Check ONE option): The Department certifi in the state accounting system by sufficient appropriations or off Rate Contract. (No Maximum Obligation) Attach details of a	ner non-appropriated fundall rates, units, calculation	ds, subject to intercept for Commonwealth owed debts unde is, conditions or terms and any changes if rates or terms are	r 815 CMR 9.00. being amended.)		
Maximum Obligation Contract. Enter total maximum obligation	ition for total duration of	this contract (or <i>new</i> total if Contract is being amended). \$ 6	<u>3,000.00.</u>		
a PPD as follows: Payment issued within 10 days% PPD; F % PPD. If PPD percentages are left blank, identify reason: _	PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: gree 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:					
1. may be incurred as of the Effective Date (latest signature			B 1		
	e Effective Date below, a authorized reimburseme		rred prior to the Effective Date are obligations under this Contract are		
CONTRACT END DATE: Contract performance shall terminate as of <u>JUNE 30</u> , 20 21, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.					
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X:					

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CONTRACTOR LEGAL NAME: TOWN OF WATERTOWN (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 149 MAIN ST WATERTOWN, MA 02472-4423		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: ANNE-MARIE GAGNON	Phone: 617-972-6490	Billing Address (if different):		
E-Mail: agagnon@watertown-ma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192026		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAWATERTOWN0000		
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	040C-1040L-57550	
Into this Contract and are legally binding: (Check ONE option): Commonwealth 1		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		
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). \$ 78.852.00. PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must			er 815 CMR 9.00. e being amended.) 78,852.00.	
days				
2. may be incurred as of, 20, a date LATER than3. were incurred as of JULY1, 20_20_, a date PRIOR to l authorized to be made either as settlement payments or a attached and incorporated into this Contract. Acceptance	he Effective Date below, as authorized reimbursen	w and <u>no</u> obligations have been incurred <u>prior</u> to the Effectiv and the parties agree that payments for any obligations incurent payments, and that the details and circumstances of all beases the Commonwealth from further claims related to these	rred prior to the Effective Date are obligations under this Contract are	
CONTRACT END DATE: Contract performance shall termin amended, provided that the terms of this Contract and performance and year and year and year and year and year.	mance expectations and close out or transition pe	obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during	resolving any claim or dispute, for any lapse between amendments.	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, he Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or othersolicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. X:				
Print Title: Townships	(Updated 6/3	Print Title:	Actin(



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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 WAYLAND (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 41 COCHITUATE RD WAYLAND, MA 01778-2614		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: JULIE SECORD	Phone: 508-358-2990	Billing Address (if different):	
E-Mail: jsecord@wayland.ma.us	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000192027		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAWAYLAND000000	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-1040C-1040L-57550	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only)		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 specific exemption or earmark, and exception justification, scope and budget)		Enter Amendment Amount: \$ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) Amendment to Date, Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget) Contract Employee (Attach any updates to scope or budget) Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)	
The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions document are incorporated by reference into this Contract and are legally binding: (Check ONE option): Commonwealth Terms and Conditions Commonwealth Terms and Conditions For Human and Social 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). \$\frac{36,612.00}{2}\$.			
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:			
1. may be incurred as of the Effective Date (latest signature date below) and <u>no</u> obligations have been incurred <u>prior</u> to the Effective Date.			
2. may be incurred as of, 20, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date.			
CONTRACT END DATE: Contract performance shall terminate as ofJUNE 30, 20_21, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in 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: (Signature and Date Must Be Handwritten At Time of Signature) Print Name: Court See			
Print Title: TWN AD MINISTEATURE.		Print Title:	