

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 WEBSTER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 350 MAIN ST WEBSTER, MA 01570-2292		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: JEAN M. TRAVIS	Phone: 508-949-3845	Billing Address (if different):	
E-Mail: jtravis@webster-ma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000192028		E-Mail: STACEY,OCONNELL@MASS,GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD_001.		MMARS Doc ID(s): FY21COAWEBSTER000000	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-	1040C-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	
specific exemption or earmark, and exception justification, s The Standard Contract Form Instructions and Contract or C into this Contract and are legally binding: (Check ONE option Services Commonwealth IT Terms and Conditions	Certifications and the fo	scope and budget) Sillowing Commonwealth Terms and Conditions docume Terms and Conditions Commonwealth Terms and Conditions	entare incorporated by reference itions For Human and Social
COMPENSATION: (Check ONE option): The Department certiin the state accounting system by sufficient appropriations or o Rate Contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum oblig	ther non-appropriated fur all rates, units, calculation	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.)
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments 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 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 in 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 fundir 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			
to be part of this agreement, are to be funded from the total ammaximum obligation of this contract. COAs are responsible for ANTICIPATED START DATE: (Complete ONE option only) T	ount awarded under this a eturning this executed co	greement. This contract, once executed by both parties, wil ntract by no later than June 30, 2021.	I be treated as the sole invoice for the
1. may be incurred as of the Effective Date (latest signature2. may be incurred as of, 20, a date LATER than3. were incurred as of <u>JULY 1</u> , 20 <u>20</u> , a date PRIOR to the authorized to be made either as settlement payments or a attached and incorporated into this Contract. Acceptance	e date below) and <u>no</u> oblin the Effective Date below, the Effective Date below, as authorized reimbursem	gations have been incurred <u>prior</u> to the Effective Date. w and <u>no</u> obligations have been incurred <u>prior</u> to the Effect and the parties agree that payments for any obligations incent payments, and that the details and circumstances of a	ive Date. curred prior to the Effective Date are Il 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	mance expectations and	obligations shall survive its termination for the purpose of	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 Contra 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 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 under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language striby 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, I costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X:			ified above, subject to any required lished and the Contractor makes all urther agrees to provide any required is in Massachusetts are attached or one, 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 part of the contract o



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https://www.macomptroller.org/forms. Forms are also posted at 0	OSD Forms: https://www.n		
CONTRACTOR LEGAL NAME: TOWN OF WELLFLEET (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 300 MAIN ST WELLFLEET, MA 02667-7471		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: SUZANNETHOMAS	Phone: 508-349-0313	Billing Address (if different):	
E-Mail: suzanne.thomas@wellfleet-ma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000192030		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAWELLFLEET0000	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-1	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 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, s 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 fo	llowing Commonwealth Terms and Conditions docume Terms and Conditions ✓ Commonwealth Terms and Condit	nt are incorporated by reference ions For Human and Social
COMPENSATION: (Check ONE option): The Department certiin the state accounting system by sufficient appropriations or care Rate Contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum obligation	other non-appropriated tur fall rates, units, calculatio	nds, subject to intercept for Commonwealth owed debts und ons, conditions or terms and any changes if rates or terms at	e 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 obligations:			ve Date. curred prior to the Effective Date are I obligations under this Contract are se obligations. late unless the Contract is properly I resolving any claim or dispute, for
amended, provided that the terms of this Contract and perior completing any negotiated terms and warranties, to allow any CERTIFICATIONS: Notwithstanding verbal or other represer Amendment has been executed by an authorized signatory of approvals. The Contractor certifies that they have accessed certifications required under the Standard Contract Form Instructions and Contract Form Instructions and Contractor Certifications of the following his Standard Contract Form Instructions and Contractor Certifications and Contractor Certification by a Department as unacceptable, and additional negotiation of the following his Contractor's Response only if made using the process outlined costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: Mauge T. Burgel Signature and Date Must Be Handwritten At Time Print Name: West in the Signature and Date Must Be Handwritten At Time Print Title: Town Signature Signatur	ntations by the parties, the fithe Contractor, the Depet and reviewed all doructions and Contractor Cagrees that all terms go iterarchy of document pretions, the Request for Reted terms, provided that add in 801 CMR 21.07, inc	e "Effective Date" of this Contract or Amendment shall be artment, or a later Contract or Amendment Start Date specicuments incorporated by reference as electronically public effications under the pains and penalties of perjury, and fuverning performance of this Contract and doing busines cedence, the applicable Commonwealth Terms and Conditions sponse (RFR) or other solicitation, the Contractor's Response additional negotiated terms will take precedence over the orporated herein, provided that any amended RFR or Response. AUTHORIZING SIGNATURE FOR THE COMMONWI	the latest date that this Contract or fied above, subject to any required ished and the Contractor makes all there 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

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https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.r		
CONTRACTOR LEGAL NAME: TOWN OF WENDELL (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 7 MORSE VILLAGE RD WENDELL, MA 01379-9704		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: NANCY SPITTLE	Phone:	Billing Address (if different):	
E-Mail: spittlenc@gmail.com	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000192121		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAWENDELL000000	
(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		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 of Amendment to Date, Scope or Budget (Attach upda Interim Contract (Attach justification for Interim Contract Contract Employee (Attach any updates to scope or Other Procurement Exception (Attach authorizing later)	details of amendment changes.) teted scope and budget) act and updated scope/budget) budget)
specific exemption or earmark, and exception justification,	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	on): Commonwealth ⁻	Ferms and Conditions <u>✓</u> Commonwealth Terms and Condit	ions For Human and Social
COMPENSATION: (Check ONE option): The Department cert in the state accounting system by sufficient appropriations or captage and the contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum obligation	other non-appropriated fur fall rates, units, calculatio	lds, 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 pidentify a PPD as follows: Payment issued within 10 days days % PPD. If PPD percentages are left blank, identify nearment (subsequent payments scheduled to support standards) BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or municipalities of the Commonwealth, as appropriated in the Chromonwealth of the Chromonweal	% PPD; Payment issued we ason: ✓ agree to star ard EFT 45 day payment REASON FOR AMENDM hapter 227 of the Acts of 20 municipality certifies that the incurred prior to the effection that warded under this a returning this executed co	ithin 15 days % PPD; Payment issued within 20 days ndard 45 day cycle statutory/legal or Ready Payments cycle. See Prompt Pay Discounts Policy.) ENT: This contract is to distribute a formula grant award to to 120. The award amount is determined by a census-based all he funds will be used for COA activities, and will complete a we date of this agreement (for which payment obligations have tigreement. This contract, once executed by both parties, will intract by no later than June 30, 2021.	,% PPD; Payment issued within 30 (M.G.L. c. 29, § 23A); only initial the Councils on Aging of the ocation of available grant funding. 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.	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 reimbursen	v, and the parties agree that payments for any obligations incurred prior to the Effective Date are ment payments, and that the details and circumstances of all obligations under this Contract are sleases the Commonwealth from further claims related to these obligations.	
CONTRACT END DATE: Contract performance shall terminal amended, provided that the terms of this Contract and performance completing any negotiated terms and warranties, to allow any	mance expectations and close out or transition pe	obligations shall survive its termination for the purpose o 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 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 recomposed by reference as electronically published and the Contractor may receive 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 recommendation 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 FormInstructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any languages by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR a 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: (Signature and Date Must Be Handwritten At Time of Signature) Print Name: Print Title: Print Title: Print Title: Print Title:			fied above, subject to any required ished and the Contractor makes all rither agrees to provide any required in Massachusetts are attached or ns, this Standard Contract Form, the se (excluding any language stricken e relevant terms in the RFR and the inse terms result in best value, lower EALTH:

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https://www.maccomptroller.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 WENHAM		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS	
(and d/b/a):		MMARS Department Code:	
Legal Address: (W-9, W-4): 138 MAIN ST WENHAM, MA 01984-1555		Business Mailing Address: 1 ASHBURTON PL BOST	JN, MA 02108
Contract Manager: JAMES REYNOLDS	Phone: 978-468-5529	Billing Address (if different):	
E-Mail: jreynolds@wenhamma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000192033		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAWENHAM0000000	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-104	40C-1040L-57550
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	CONTRACT AMENDMENT CONTRACT CONTRACT AMENDMENT CONTRACT End Date Prior to Amendment:	
Statewide Contract (OSD or an OSD-designated Departme	V-V-11-2-11	Enter Amendment Amount: \$ (or "no change"))
Collective Purchase (Attach OSD approval, scope, budget)		AMENDMENT TYPE: (Check one option only. Attach de	
Department Procurement (includes all Grants - 815 CMR 2 Notice or RFR, and Response or other procurement suppo		Amendment to Date, Scope or Budget (Attach update	
Emergency Contract (Attach justification for emergency, so		Interim Contract (Attach justification for Interim Contract Contract Employee (Attach any updates to scope or but	
Contract Employee (Attach Employment Status Form, scop		Other Procurement Exception (Attach authorizing lan	
Other Procurement Exception (Attach authorizing languag specific exemption or earmark, and exception justification, so		scope and budget)	gaagajaa
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 folon): Commonwealth T	owing Commonwealth Terms and Conditions document erms and Conditions <u>✓</u> Commonwealth Terms and Condition	are incorporated by reference ns For Human and Social
COMPENSATION: (Check ONE option): The Department certif	ies that payments for auti	norized performance accepted in accordance with the terms	of this Contract will be supported
in the state accounting system by sufficient appropriations or of Rate Contract. (No Maximum Obligation) Attach details of	her non-appropriated fund	ds, subject to intercept for Commonwealth owed debts under	1815 CMR 9.00.
✓ Maximum Obligation Contract. Enter total maximum oblig			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pay			
a PPD as follows: Payment issued within 10 days % PPD:	Payment issued within 15	days % PPD; Payment issued within 20 days % PP	D; 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			e Councils on Aging of the
municipalities of the Commonwealth, as appropriated in the Cha	pter 227 of the Acts of 20	20. The award amount is determined by a census-based allog	cation of available grant funding.
The performance period for this award is 7/1/20-6/30/21. The mown these grant funds were applied. All approved obligations in	unicipality certifies that the	e funds will be used for COA activities, and will complete a fi	nal fiscal report accounting for
to be part of this agreement, are to be funded from the total amo	ount awarded under this ag	preement. This contract, once executed by both parties, will be	e treated as the sole invoice for the
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ANTICIPATED START DATE: (Complete ONE option only)			Contract obligations:
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✓ 3. were incurred as of JULY 1, 20 20 , a date PRIOR to t			
authorized to be made either as settlement payments or a	s authorized reimburseme	ent payments, and that the details and circumstances of all o	obligations under this Contract are
attached and incorporated into this Contract. Acceptance CONTRACT END DATE: Contract performance shall terminate		ases the Commonwealth from further claims related to these	
provided that the terms of this Contract and performance expe	ctations and obligations s	hall survive its termination for the purpose of resolving any c	claim or dispute, for completing any
negotiated terms and warranties, to allow any close out or trans	sition performance, report	ing, invoicing or final payments, or during any lapse betweer	n amendments.
CERTIFICATIONS: Notwithstanding verbal or other represen	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 approvals. The Contractor certifies that they have accessed an	the Contractor, the Departments	intment, or a later Contract or Amendment Start Date specific incorporated by reference as electronically published and the	ed above, subject to any required
required under the Standard Contract Form Instructions and Co	entractor Certifications und	der the pains and penalties of perjury, and further agrees to p	rovide any required documentation
upon request to support compliance, and agrees that all terms	governing performance of	f this Contract and doing business in Massachusetts are atta	ached or incorporated by reference
herein according to the following hierarchy of document prece- Instructions and Contractor Certifications, the Request for Re	esponse (RFR) or other s	colicitation, the Contractor's Response (excluding any language)	uage stricken by a Department as
unacceptable, and additional negotiated terms, provided that a	dditional negotiated terms	will take precedence over the relevant terms in the RFR and	d the Contractor's Response only if
made using the process outlined in 801 CMR 21.07, incorporal Contract.	ted herein, provided that a	any amended RFR or Response terms result in best value, lo	iwer costs, or a more cost effective
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	W.	AUTHORIZING SIGNATURE FOR THE COMMONWE	ALTH;
X: Diones of free Date:	2/11/21	X: 1000M (onner Da	1/2/1/24/
(Signature and Date Must Be Handwritten At Time		(Signature and Date Must Be Handwritten	
Print Name: Thomas G. Yourger.	/	Print Name: KCGG Y CONNECD: In COUNTY	
Print Title: Inturn Town Administrator		Print Title: A water e of the Country	

and Contracting

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

https://www.macomptroller.org/lorns. Torns are also posted at	CCL . Cillio: napo.mini		
CONTRACTOR LEGAL NAME: TOWN OF WEST BOYLSTON		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
(and d/b/a):			ON MA 02108
Legal Address: (W-9, W-4): 140 WORCESTER ST WEST BOYLSTON, MA 01583-1716		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: LISA CLARK VIKLUND	Phone: 508-835-6916	Billing Address (if different):	
E-Mail: LCViklund@westboylston-ma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000192034	¥	E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
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(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	40C-1040L-57550
X NEW CONTRACT		CONTRACT AMEND	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date Prior to Amendment:	, 20
Statewide Contract (OSD or an OSD-designated Departme	ent)	Enter Amendment Amount: \$ (or "no change"	
Collective Purchase (Attach OSD approval, scope, budget		AMENDMENT TYPE: (Check one option only. Attach d	
Department Procurement (includes all Grants - 815 CMR 2 Notice or RFR, and Response or other procurement support	z.00) (Solicitation)	Amendment to Date, Scope or Budget (Attach updal Interim Contract (Attach justification for Interim Contra	ted scope and budget)
Emergency Contract (Attach justification for emergency, so	cope, budget)	Contract Employee (Attach any updates to scope or b	act and updated scoperbudget)
Contract Employee (Attach Employment Status Form, scoper Other Procurement Exception (Attach authorizing language)	pe, budget)	Other Procurement Exception (Attach authorizing lar	nguage/justification and updated
specific exemption or earmark, and exception justification, s		scope and budget)	3 7
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 formula: Commonwealth T	lowing Commonwealth Terms and Conditions documen ferms and Conditions <u>Commonwealth</u> Terms and Condition	at are incorporated by reference ons For Human and Social
COMPENSATION: (Check ONE ontion): 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	ther non-appropriated fun	ds. subject to intercept for Commonwealth owed debts under	er 815 CMR 9.00.
Rate Contract. (No Maximum Obligation) Attach details of ✓ Maximum Obligation Contract. Enter total maximum obligation	all rates, units, calculation of	ns, conditions of terms and any changes in rates of terms and this contract (or new total if Contract is being amended).\$	22 740 00
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pa a PPD as follows: Payment issued within 10 days% PPD;	Payment issued within 1	5 days % PPD: Payment issued within 20 days % PF	PD; Payment issued within 30 days
% PPD. If PPD percentages are left blank, identify reason:	✓ agree to standard 45	5 day cycle statutory/legal or Ready Payments (M.G.L. c.	. 29, § 23A); only initial payment
		3 50, 3,500	
(subsequent payments scheduled to support standard EFT 45	day payment cycle. See I	Prompt Pay Discounts Policy.)	
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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 or to 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 WEST BRIDGEWATER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 65 N MAIN ST WEST BRIDGEWATER, MA 02379-1799		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: MARILYN MATHER	Phone: 508-894-1262	Billing Address (if different):	
E-Mail: mmather@wbridgewater.com	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000192035		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAWBRIDGEWATER0	
(Note: The Address ID must be set up for EFT payments.)	Ī	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 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 AMEND Enter Current Contract End Date <u>Prior</u> to Amendment: Enter Amendment Amount: \$ (or "no chang AMENDMENT TYPE: (Check one option only. AttachAmendment to Date, Scope or Budget (Attach upd	e") details of amendment changes.) ated scope and budget)
Notice or RFR, and Response or other procurement supp Emergency Contract (Attach justification for emergency, so Contract Employee (Attach Employment Status Form, sco Other Procurement Exception (Attach authorizing langua specific exemption or earmark, and exception justification,	scope, budget) pe, budget) ge, legislation with scope and budget)	Contract Employee (Attach any updates to scope or Other Procurement Exception (Attach authorizing la scope and budget)	· budget) anguage/justification and updated
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 tion): Commonwealth T	ems and Conductis V Contributed and Total and Const.	
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 obligation	other non-appropriated fur of all rates, units, calculatio	ns, subject to intercept for Commonwealth owed decisions ins. conditions or terms and any changes if rates or terms a	re 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 cyclestatutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.) BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the			esting accelerated payments must % PPD; Payment issued within 30 s (M.G.L. c. 29, § 23A); only initial the Councils on Aging of the
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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	re date below) and <u>no</u> obli	igations have been incurred <u>prior</u> to the Effective Date.	tive Date.
attached and incomprated into this Contract Acceptant	o the Effective Date below, r as authorized reimburser ce of payments forever rel	, and the pantes agree that payments for any congators in ment payments, and that the details and circumstances of a eases the Commonwealth from further claims related to the	all obligations under this Contract are ese obligations.
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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract 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 make approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor make approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor make approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor make approvals. The Contractor selection and the Contractor make approvals. The Contractor make approvals are altered to certifications and contractor certifications and Contractor Certifications and Contractor form instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language strictly and 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, for costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: Date: Date: Cignature and Date Must Be Handwritten At Time of Signature)			
DAY DI / N / S		Print Name: Rachel Golds	tein
Print Title: Print Title:		Print Title:	"\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\

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Heave (New March 1997) Additional non-conflicting terms may be added by Attachment. Contractors are required to access published forms at CTR Forms:

Heave (New March 2016) Access to the Commonwealth Programment Program

CONTRACTOR LEGAL NAME: TOWN OF WEST BROOKFIELD		mass.gov/lists/osd-forms. COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): PO BOX 372 WEST BROOKFIELD, MA 01585-0372		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: KAREN PHILLIPS	Phone: 508-867-1407	Billing Address (if different):	
E-Mail: kphillips@wbrookfield.com	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000192036		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAWESTBROOKFIEL	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040	-1040 C-1040L-57550
		CONTRACT AMEN	
X NEW CONTRACT	a only)	Enter Current Contract End Date Prior to Amendmen	
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Amendment Amount: \$. (or "no char	nge")
Statewide Contract (OSD or an OSD-designated Departm Collective Purchase (Attach OSD approval, scope, budge	(()	AMENDMENT TYPE: (Check one option only. Attac	h details of amondment changes.)
Department Procurement (includes all Grants - 815 CMR	2.00) (Solicitation	Amendment to Date, Scope or Budget (Attach up	odated scope and budget)
Notice or RFR, and Response or other procurement supp Emergency Contract (Attach justification for emergency, s	orting documentation)	Interim Contract (Attach justification for Interim Co	or budget)
Contract Employee (Attach Employment Status Form, Sco	pe, budget)	Contract Employee (Attach any updates to scope Other Procurement Exception (Attach authorizing	a language/justification and updated
✓ Other Procurement Exception (Attach authorizing langua	ige, legislation with	scope and budget)	gianguagojustiloution unu apaatoa
specific exemption or earmark, and exception justification, The Standard Contract Form Instructions and Contractor	O . Alfi - Liona and tha f	allowing Commonwealth Terms and Conditions docu	ment are incorporated by reference
into this Contract and are legally binding: (Check ONE opt	tion): Commonwealth	Terms and Conditions - Confinentification Forms and	
COMPENSATION: (Check ONE option): The Department cer in the state accounting system by sufficient appropriations or	otner non-appropriated it of all rates units calculati	inns, conditions or terms and any changes if rates or terms	s are being amended.)
✓ Maximum Obligation Contract. Enter total maximum obl	igation for total duration of	of this contract (of new total if Contract is being amonded)	. 4 12/150/00
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ANTIQUEATED CTART DATE: (Complete ONE ontion only)	The Department and Co	ntractor certify for this Contract, or Contract Amendment, t	hat Contract obligations:
1. may be incurred as of the Effective Date (latest signature)	ire date below) and <u>no</u> ob	bligations have been incurred <u>prior</u> to the Effective Date.	ective Date.
2. may be incurred as of, 20, a date LATER in	o the Effective Date below		of all obligations under this Contract are
	in the self HIME 20	20 24 with no new obligations being incurred after th	is date unless the Contract is properly
amended, provided that the terms of this Contract and performing any negotiated terms and warranties, to allow an	ormance expectations ar ny close out or transition p	performance, reporting, invoicing or final payments, or du	uring any lapse between amendments
CERTIFICATIONS: Notwithstanding verbal or other repress. Amendment has been executed by an authorized signatory 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 Standard Contract Form Instructions and Contractor Certific by a Department as unacceptable, and additional negotic Contractor's Response only if made using the process outline costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: Signature and Date Must Be Handwritten At Till Print Name:	of the Contractor, the De sed and reviewed all distructions and Contractor agrees that all terms ghierarchy of document preations, the Request for Riated terms, provided the ned in 801 CMR 21.07, in	ocuments incorporated by reference as electronically p Certifications under the pains and penalties of perjury, an overning performance of this Contract and doing busil ecedence, the applicable Commonwealth Terms and Con tesponse (RFR) or other solicitation, the Contractor's Rest at additional negotiated terms will take precedence ove accorporated herein, provided that any amended RFR or Re AUTHORIZING SIGNATURE FOR THE COMMON X: (Signature and Date Must Be Handwr	sublished and the Contractor makes all dirther agrees to provide any required ness in Massachusetts are attached of ditions, this Standard Contract Form, for conse (excluding any language stricker in the relevant terms in the RFR and the sponse terms result in best value, lower tweethers. NWEALTH:
110000 / // // //		Print Name:	AU UN

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OSD Forms: https://www.i			
CONTRACTOR LEGAL NAME: TOWN OF WEST NEWBURY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
50	Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Phone: 978-363-1104	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): FY21COAWESTNEWBURY00		
	RFR/Procurement or Other ID Number: BD-21-1040-1	040C-1040L-57550	
(Note: The Address ID must be set up for EFT payments.) X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Atlach 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 (Atlach justification for emergency, scope, budget) Contract Employee (Atlach Employment Status Form, scope, budget) Other Procurement Exception (Atlach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		e"), 20 details of amendment changes.) aled scope and budget) ract and updated scope/budget) budget) anguage/justification and updated	
Certifications and the foi ion):Commonwealth	Terms and Conditions V Conflictive and Terms and Const	BOTS TO TRACE AND GOOD.	
other non-appropriated tu fall rates units calculati	nds, subject to intercept for Commonwealth owed deas and ons. conditions or terms and any changes if rates or terms a	re being amended.)	
% PDD, Payment Issued veason:agree to sia eard EFT 45 day paymen REASON FOR AMENDM hapter 227 of the Acts of 2 municipality certifies that incurred prior to the effect municipal warded under this	within 15 days % PPD, Payment issued within 2004/3 _ and and 45 day cycle statutory/legal or Ready Payments t cycle. See Prompt Pay Discounts Policy.) IENT: This contract is to distribute a formula grant award to 2020. The award amount is determined by a census-based a the funds will be used for COA activities, and will complete tive date of this agreement (for which payment obligations he agreement. This contract, once executed by both parties, will	(MGL.c. 29, § 23A); only initial the Councils on Aging of the location of available grant funding. a final fiscal report accounting for twe been triggered) and are intended	
The Department and Cor re date below) and no ob an the Effective Date below as authorized reimburse e of payments forever re	ntractor certify for this Contract, or Contract Amendment, that ligations have been incurred <u>prior</u> to the Effective Date. by and <u>no</u> obligations have been incurred <u>prior</u> to the Effect w, and the parties agree that payments for any obligations in ment payments, and that the details and circumstances of the deases the Commonwealth from further claims related to the 20.2.1, with no new obligations being incurred after this.	tive Date. curred prior to the Effective Date are all obligations under this Contract are use obligations. date unless the Contract is properly	
		-freeshing one daimor dispute for	
y close out or transition p	d bongalons shall start we start and a start payments, or duri erformance, reporting, invoicing or final payments, or duri he "Effective Date" of this Contract or Amendment shall be	ng any lapse between amendments	
	n only) rent) 2.00) (Solicitation orting documentation) scope, budget) spe, legislation with scope and budget) Certifications and the fetion):Commonwealth commonwealth of all rates, units, calculating attention for total duration of all rates	Phone: 978-363-1104 Billing Address (if different): Fax: Contract Manager: STACEY ANNE OCONNELL E-Mail: STACEY.OCONNELL@MASS.GOV MMARS Doc ID(s): FY21COAWESTNEWBURY00 RFR/Procurement or Other ID Number: BD-21-1040-1 Enter Current Contract End Date Prior to Amendment: Enter Amendment Amount: \$ (or "no chang AMENDMENT TYPE: (Check one option only. Attach Amendment to Date, Scope or Budget (Altach update) and poly end budget) Ge, legislation with scope and budget) Gertifications and the following Commonwealth Terms and Conditions document to Date and budget) Gertifications and the following Commonwealth Terms and Conditions document to Date and budget) Gertifications and the following Commonwealth Terms and Conditions document to Date and budget) Gertifications and the following Commonwealth Terms and Conditions document to Date and budget) Gertifications and the following Commonwealth Terms and Conditions document to Date and Date	

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https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.r	mass.gov/lists/osd-torms.	
CONTRACTOR LEGAL NAME: TOWN OF WEST SPRINGFIELD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 26 CENTRAL ST WEST SPRINGFIELD, MA 01089-2753		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: SARAH LONG Phone: 413-781-2214		Billing Address (if different):	
E-Mail: slong@townofwestspringfield.org	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000192038		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAWESTSPRINGFIE	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	40 C-1040L-57550
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	CONTRACT AMEND Enter Current Contract End Date <u>Prior</u> to Amendment:	
Statewide Contract (OSD or an OSD-designated Departm		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	2.00) (Solicitation orting documentation)	Amendment to Date, Scope or Budget (Attach upda Interim Contract (Attach justification for Interim Contra	led scope and budget)
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)	pe, budget)	Other Procurement Exception (Attach authorizing la	
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 ⁻	llowing Commonwealth Terms and Conditions documer Terms 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 compartment. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum obligation Contract.	other non-appropriated fur fall rates, units, calculation	nds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms are	er 815 CMR 9.00. e being amended.)
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth 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 am 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 signature)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. wand no obligations have been incurred prior to the Effective	ve Date.
✓ 3. were incurred as of <u>JULY1</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 inco nent payments, and that the details and circumstances of all eases the Commonwealth from further claims related to thes	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 perfor completing any negotiated terms and warranties, to allow any	mance expectations and	I obligations shall survive its termination for the purpose of	resolving any claim or dispute, for
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language 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: Signature and Date Must Be Handwritten At Time of Signature) Print Name: Print Title: Print Title: Print Title: Print Title: Print Title:			
	(Updated 6/3	10/20) Page 1 of 1	1001111



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:

are incorporated by reference herein. Additional hon-comp https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.i	mass.gov/iisis/oso-iorris.	
CONTRACTOR LEGAL NAME: TOWN OF WEST TISBURY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): PO BOX 278 WEST TISBURY, MA 02575-0278		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: JOYCE ALBERTINE	Phone: 508-693-2896	Billing Address (if different):	
	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
E-Mail: coa-director@westtisbury-ma.gov	Tux	E-Mail: STACEY,OCONNELL@MASS.GOV	Fax: 617-727-9368
Contractor Vendor Code: VC6000192040		MMARS Doc ID(s): FY21COAWESTTISBURY00	
Vendor Code Address ID (e.g. "AD001"): AD 001.		RFR/Procurement or Other ID Number: BD-21-1040-1040C-1040L-57550	
X NEW CONTRACT		CONTRACT AMENT Enter Current Contract End Date <u>Prior</u> to Amendment: Enter Amendment Amount: \$ (or "no change AMENDMENT TYPE: (Check one option only. Attach Amendment to Date, Scope or Budget (Attach upon Interim Contract (Attach justification for Interim Contract Employee (Attach any updates to scope of Other Procurement Exception (Attach authorizing scope and budget) ollowing Commonwealth Terms and Conditions docum Terms and Conditions ✓ Commonwealth Terms and Conditions docum uthorized performance accepted in accordance with the terminds, subject to intercept for Commonwealth owed debts unloss, conditions or terms and any changes if rates or terms and any changes if rates or terms.	DMENT
Rate Contract. (No Maximum Obligation Pallacti details of an Tales, thins, contract (or new total if Contract is being amended). \$\\$ 8,028.00\$. Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended). \$\\$ 8,028.00\$. PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments 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 15 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 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 fund 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 into 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 to be part of this agreement, are to be funded from the total amount awarded ondertact by no later than June 30, 2021.			uesting accelerated payments must
to be part of this agreement, are to be fulfided indivite total ambition and the total ambition and the total ambition and the particles 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:			at Contract obligations: ctive Date, ncurred prior to the Effective Date are all obligations under this Contract are ese obligations. date unless the Contract is properl of resolving any claimor dispute, fo ing any lapse between amendments
CERTIFICATIONS: Notwithstanding verbal or other repressed Amendment has been executed by an authorized signatory approvals. The Contractor certifies that they have access certifications required under the Standard Contract Form Instructions and contract form Instructions and Contractor Certific by a Department as unacceptable, and additional negotic Contractor's Response only if made using the process outline costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: (Signature and Date Must Be Handwritten At Timerint Name: Print Title:	entations by the parties, the Contractor, the Desed and reviewed all duructions and Contractor agrees that all terms goinerarchy of document prations, the Request for Rated terms, provided the din 801 CMR 21.07, in	he "Effective Date" of this Contract or Amendment shall I partment, or a later Contract or Amendment Start Date specuments incorporated by reference as electronically purcertifications under the pains and penalties of perjury, and overning performance of this Contract and doing busing ecedence, the applicable Commonwealth Terms and Condesponse (RFR) or other solicitation, the Contractor's Response (IRFR)	the the latest date that this Contract of cified above, subject to any require blished and the Contractor makes a further agrees to provide any require less in Massachusetts are attached of the contract form, the Standard Contract Form, the charge (excluding any language stricke the relevant terms in the RFR and the ponse terms result in best value, lower MEALTH:



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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 WESTBOROUGH (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 34 W MAIN ST WESTBOROUGH, MA 0158-11935		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: ALMA DEMANCHE	Phone: 508-366-3000	Billing Address (if different):	
E-Mail: ademanche@town.westborough.ma.us	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000192042		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAWESTBOROUGH00	
(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	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 chang	
Collective Purchase (Attach OSD approval, scope, budge Department Procurement (includes all Grants - 815 CMR		AMENDMENT TYPE: (Check one option only. Attach Amendment to Date, Scope or Budget (Attach upda	Section 1997 to the section of the s
Notice or RFR, and Response or other procurement supp	orting documentation)	Interim Contract (Attach justification for Interim Cont	
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,	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 docume Terms and Conditions ✓ Commonwealth Terms and Condit	nt are incorporated by reference ions For Human and Social
COMPENSATION: (Check ONE option): The Department cert	tifies 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 cRate Contract. (No Maximum Obligation) Attach details or	other non-appropriated full	nds, subject to intercept for Commonwealth owed debts und ons, conditions or terms and any changes if rates or terms a	er 815 CMR 9.00. re being amended.)
✓ Maximum Obligation Contract. Enter total maximum obligation	gation for total duration o	f this contract (or new total if Contract is being amended).\$	38,580.00.
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pa			
identify a PPD as follows: Payment issued within 10 days	% PPD: Payment 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 n payment (subsequent payments scheduled to support stands	eason: <u></u> ✓ agree to sta	indard 45 day cycle statutory/legal or Ready Payments	(M.G.L. c. 29, § 23A); only initial
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ANTICIPATED START DATE: (Complete ONE option only)	The Department and Con	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 obl	igations have been incurred prior to the Effective Date.	
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 Effecti	ve Date.
✓ 3. were incurred as of <u>JULY1</u> , 20 20 , a date PRIOR to	the Effective Date below	, and the parties agree that payments for any obligations inc ment payments, and that the details and circumstances of al	urred prior to the Effective Date are
attached and incorporated into this Contract. Acceptance	e of pavments forever rel	eases the Commonwealth from further claims related to the	se 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	nate as ofJUNE 30_	, 20 21, with no new obligations being incurred after this d	ate unless the Contract is properly fresolving any claimor 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: (Signature and Date Must Be Handwritten At Time of Signature) Print Name: Print Title: (Signature and Date Must Be Handwritten At Time of Signature) Print Name: Print Title: Print Title: (Signature and Date Must Be Handwritten At Time of Signature)			
	(Updated 6/3	30/20) Page 1 of 1	William M.



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/lorns. Forms are also posted at	OOD 1 OITIB. Https://www.i		
CONTRACTOR LEGAL NAME: CITY OF WESTFIELD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 59 COURT ST WESTFIELD, MA 01085-3520		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: TINA GORMAN	Phone: 413-562-6435	Billing Address (if different):	
E-Mail: t.gorman@cityofwestfield.org	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000192044		E-Mail: STACEY,OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAWESTFIELD0000	
(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:	, 20 <u>_</u> .
Statewide Contract (OSD or an OSD-designated Departme	ent)	Enter Amendment Amount: \$ (or "no change	
 Collective Purchase (Attach OSD approval, scope, budget 	9	AMENDMENT TYPE: (Check one option only. Attach on the company of t	
Department Procurement (includes all Grants - 815 CMR / Notice or RFR, and Response or other procurement support	orting documentation)	Interim Contract (Attach justification for Interim Contr	act and updated scope/budget)
Emergency Contract (Attach justification for emergency, se	cope, budget)	Contract Employee (Attach any updates to scope or	budget)
Contract Employee (Attach Employment Status Form, scop Other Procurement Exception (Attach authorizing language	pe, budget) ge, legislation with	Other Procurement Exception (Attach authorizing la	nguage/justification and updated
specific exemption or earmark, and exception justification, s	scope and budget)	scope and budget)	
The Standard Contract Form Instructions and Contractor Cinto this Contract and are legally binding: (Check ONE option Services Commonwealth IT Terms and Conditions	Certifications and the foon):Commonwealth	Illowing Commonwealth Terms and Conditions docume Terms and Conditions <u><</u> Commonwealth Terms and Conditions	nt are incorporated by reference ons For Human and Social
COMPENSATION: (Check ONE option): The Department cert in the state accounting system by sufficient appropriations or care Rate Contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum obligation	other non-appropriated fur fall 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. e being amended.)
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth paidentify a PPD as follows: Payment issued within 10 days% PPD. If PPD percentages are left blank, identify represent for the payment for the	% PPD; Payment issued w eason: ✓ agree to sta	rithin 15 days% PPD; Payment issued within 20 days ndard 45 day cycle statutory/legal or Ready Payments i	% PPD; Payment issued within 30
payment (subsequent payments scheduled to support standard EFT 45 day payment BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMI municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 20 The performance period for this award is 7/1/20-6/30/21. The municipality certifies that thow these grant funds were applied. All approved obligations incurred prior to the effective be part of this agreement, are to be funded from the total amount awarded under this a maximum obligation of this contract. COAs are responsible for returning this executed co		ENT: This contract is to distribute a formula grant award to to 020. The award amount is determined by a census-based allow the 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 intract by no later than June 30, 2021.	ocation of available grant funding. 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)	The Department and Con	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 <u>no</u> obli	gations have been incurred prior to the Effective Date.	ua Data
	n the Effective Date below	wand no obligations have been incurred prior 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 attached and incorporated into this Contract. Acceptance	as authorized reimbursen e of payments forever rel	nent 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	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	close out or transmon pe	normance, reporting, invoicing or linal payments, or during	g arry lapse between amendments.
	fithe Contractor, the Depart and reviewed all docuctions and Contractor Cagrees that all terms governor of document precitions, the Request for Rested terms, provided that add in 801 CMR 21.07, incompared to the contract	current, or a later Contract or Amendment Start Date specifications under the pains and penalties of perjury, and fur etrilications under the pains and penalties of perjury, and fur etriling performance of this Contract and doing business sedence, the applicable Commonwealth Terms and Conditions (RFR) or other solicitation, the Contractor's Response additional negotiated terms will take precedence over the exportated herein, provided that any amended RFR or Response AUTHORIZING SIGNATURE FOR THE COMMONWE X: (Signature and Date Must Be Handwritter Print Name:	ished and the Contractor makes all shed and the Contractor makes all other agrees to provide any required is in Massachusetts are attached or ins, this Standard Contract Form, the se (excluding any language stricken the relevant terms in the RFR and the inse terms result in best value, lower that:
Print Title: Mayor.		Print Title: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

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

https://www.macomptiolier.org/lorns. Torns are also posted at	1		OFFICE OF ELDED AFEAIDS
CONTRACTOR LEGAL NAME: TOWN OF WESTHAMPTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4):1 SOUTH RD WESTHAMPTON, MA 01027-9661		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: JULIA LENNEN	Phone: 413-527-2404	Billing Address (if different):	
E-Mail: westhamptoncoa@comcast.net;	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000192047		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAWESTHAMPTON00	
(Note: The Address ID must be set up for EFT payments.)	İ	RFR/Procurement or Other ID Number: BD-21-1040-10	040 C-1040L-57550
X NEW CONTRACT		CONTRACT AMEND	
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date Prior to Amendment	
Statewide Contract (OSD or an OSD-designated Departm	ent)	Enter Amendment Amount: \$ (or "no change AMENDMENT TYPE: (Check one option only. Attach or	etails of amendment changes.)
Collective Purchase (Attach OSD approval, scope, budge Department Procurement (includes all Grants - 815 CMR	t) 2.00) (Solicitation	Amendment to Date, Scope or Budget (Attach upda	ted scope and budget)
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) pe, budget)	Contract Employee (Attach any updates to scope or	budget)
✓ Other Procurement Exception (Attach authorizing langua)	ge, legislation with	Other Procurement Exception (Attach authorizing la scope and budget)	nguage/justification and updated
specific exemption or earmark, and exception justification, The Standard Contract Form Instructions and Contractor	scope and budget)		nt are incorporated by reference
into this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions	ion): Commonwealth 1	Ferms and Conditions ✓ Commonwealth Terms and Condition	ons For Human and Social
COMPENSATION: (Check ONE option): The Department cer	tifies 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 o	other non-appropriated fur	rds, subject to intercept for Commonwealth owed debts under ns, conditions or terms and any changes if rates or terms ar	er 815 CIVIR 9.00.
✓ Maximum Obligation Contract. Enter total maximum obli	gation for total duration of	this contract (or new total if Contract is being amended). \$	6,000.00.
PROMPT PAYMENT DISCOLINTS (PPD): Commonwealth p	avments are issued thro	ugh EFT 45 days from invoice receipt. Contractors reque	esting accelerated payments must
identify a DDD as follows: Payment issued within 10 days	% PPD: Payment issued w	ithin 15 days % PPD: Payment issued within 20 days	% PPD; Payment issued within 30
days% PPD. If PPD percentages are left blank, identify r payment (subsequent payments scheduled to support stand	eason: 🗸 agree to star	ndard 45 day cycle statutory/legal or Ready Payments ((M.G.L. C. 29, § 23A), Only illuar
PRICE DESCRIPTION OF CONTRACT PERFORMANCE or	REASON FOR AMENDM	ENT: This contract is to distribute a formula grant award to the	he Councils on Aging of the
municipalities of the Commonwealth, as appropriated in the Ch	napter 227 of the Acts of 20) 20. 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 how these grant funds were applied. All approved obligations	incurred prior to the effective	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 an	nount awarded under this a	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 ANTICIPATED START DATE: (Complete ONE option only)	returning this executed co	ntract by no later than June 30, 2021.	Contract obligations:
1. may be incurred as of the Effective Date (latest signature			oon a doc obligation of
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 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 reimbursen e of navments forever rele	nent payments, and that the details and circumstances of all eases the Commonwealth from further claims related to thes	e obligations.
CONTRACT END DATE: Contract performance shall termi	nate as of JUNE 30.	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	mance expectations and	obligations 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 represer	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 access	ed and reviewed all doc	uments incorporated by reference as electronically publi	shed and the Contractor makes all
certifications required under the Standard Contract Form Instr	ructions and Contractor C	ertifications under the pains and penalties of periury, and fur	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 in incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Co		ns, this Standard Contract Form, the	
Standard Contract Form Instructions and Contractor Certifications, the Request for Res		sponse (RFR) or other solicitation, the Contractor's Respons	e (excluding any language stricken
by a Department as unacceptable, and additional negotiated terms, provided that Contractor's Response only if made using the process outlined in 801 CMR 21.07, income		additional negotiated terms will take precedence over the 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: 2 2 D
X: Date:	5-5-51		ate:
(Signature and Date Must Be Handwritten At Tim	e of Signature)	(Signature and Date Must Be Handwritter	At time of Signature)
Print Title: Sole Character Character	. ~	Print Name:	Accounting
Print Title: Sele About Chair			CATW

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 WESTMINSTER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): PO BOX 456 WESTMINSTER, MA 01473-0456		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: SUSAN FISHER	Phone: 978-874-7402	Billing Address (if different):		
E-Mail: sfisher@westminster-ma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192048		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD_001,		MMARS Doc ID(s): FY21COAWESTMINSTER00		
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	140C-1040L-57550	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	CONTRACT AMENDE	, 20 <u></u> .	
Statewide Contract (OSD or an OSD-designated Departm	ent)	Enter Amendment Amount: \$ (or "no change AMENDMENT TYPE: (Check one option only. Attach d	')	
Collective Purchase (Attach OSD approval, scope, budge Department Procurement (includes all Grants - 815 CMR	t) 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 Contract	act and updated scope/budget)	
Emergency Contract (Attach justification for emergency, s Contract Employee (Attach Employment Status Form, sco	cope, budget)	Contract Employee (Attach any updates to scope or t		
✓ Other Procurement Exception (Attach authorizing langua specific exemption or earmark, and exception justification,	ge, legislation with	Other Procurement Exception (Attach authorizing lass scope and budget)	nguage/justification and updated	
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 foon): Commonwealth 1	llowing Commonwealth Terms and Conditions documer Ferms and Conditions <u>✓</u> Commonwealth Terms and Conditi	It are incorporated by reference ons For Human and Social	
COMPENSATION: (Check ONE option): The Department cer in the state accounting system by sufficient appropriations or	other non-appropriated fun fall rates, units, calculatio	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 p 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 stand	% 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 M.G.L. c. 29, § 23A); only initial	
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or municipalities of the Commonwealth, as appropriated in the Ch The performance period for this award is 7/1/20-6/30/21. The how these grant funds were applied. All approved obligations to be part of this agreement, are to be funded from the total an maximum obligation of this contract. COAs are responsible for	REASON FOR AMENDMI apter 227 of the Acts of 20 nunicipality certifies that the ncurred prior to the effective point awarded under this a	ENT: This contract is to distribute a formula grant award to the 20. The award amount is determined by a census-based allow the 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 be	ocation 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	ractor certify for this Contract, or Contract Amendment, that	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.	Por Bridge	
2. may be incurred as of, 20, a date LATER that	n the Effective Date belov	wand <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
3. were incurred as of <u>JULY 1</u> , 20 <u>20</u> , a date <u>PRIOR</u> to authorized to be made either as settlement payments or attached and incorporated into this Contract. Acceptance	as authorized reimbursem	and the paties agree that payments to lary obligations inco then the 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 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 FormInstructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract FormInstructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricker 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:	1	AUTHORIZING SIGNATURE FOR THE COMMONWE		
X: Date:	e of Signature)	/ (Signature and Date Must Be Handwritten	ate: 28 2021 At Time of Signature)	
(Signature and Date must be national item At Time of Signature) Print Name: Record (2014)		RIN		

S. S.

Print Title:

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

https://www.macomptroller.org/forms. Forms are also posted at	USD FOITIS. Https://www.i		
CONTRACTOR LEGAL NAME: TOWN OF WESTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): PO BOX 378 WESTON, MA 02493-0002		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: MIGNONNE MURRAY	Phone: 781-786-6280	Billing Address (if different):	
E-Mail: murray.m@westonmass.org	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000192049		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAWESTON0000000	
(Note: The Address ID must be set up for EFT payments.)	İ	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	ı 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	et)	AMENDMENT TYPE: (Check one option only. Attach one option only. Attach one option only. Attach one option only. Attach on a mendment to Date, Scope or Budget (Attach update).	letails of amendment changes.)
Department Procurement (includes all Grants - 815 CMR 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	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) ge, legislation with	Other Procurement Exception (Attach authorizing la	nguage/justification and updated
specific exemption or earmark, and exception justification,	scope and budget)	scope and budget)	
The Standard Contract Form Instructions and Contractor	Certifications and the fo	ollowing Commonwealth Terms and Conditions document	nt are incorporated by reference
into this Contract and are legally binding: (Check ONE opt ServicesCommonwealth IT Terms and Conditions	on): _ Commonwealth	Terms and Conditions V Commonwealth Terms and Condition	Olis i oi riulian and oociar
COMPENSATION: (Check ONE option): The Department cer	tifies that payments for au	thorized performance accepted in accordance with the term	s of this Contract will be supported
in the state appropriations overtom by sufficient appropriations or	other non-annropriated fur	nds subject to intercept for Commonwealth owed debts und	er o io civir 9.00.
Rate Contract. (No Maximum Obligation) Attach details o _ Maximum Obligation Contract. Enter total maximum obligation	f all rates, units, calculation	ons, conditions or terms and any changes it rates or terms ar	e being amended.)
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth p identify a PPD as follows: Payment issued within 10 days	ayments are issued thro	ugh EFT 45 days from invoice receipt. Contractors reque	% PPD: Payment issued within 30
days % PPD If PPD percentages are left blank, identify t	eason: 🗸 agree to sta	ndard 45 day cycle statutory/legal of Ready Payments	(M.G.L. c. 29, § 23A); only initial
navment (subsequent payments scheduled to support stand	ard EFT 45 day payment	cycle. See Prompt Pay Discounts Policy.)	
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or municipalities of the Commonwealth, as appropriated in the Cl	REASON FOR AMENDM	ENT: This contract is to distribute a formula grant award to the contract amount is determined by a census-based all	ocation of available grant funding.
Ti	municipality cartifies that the	he funds will be used for COA activities, and will complete a	illia ilscai report accounting ior
how these grant funds were applied. All approved obligations to be part of this agreement, are to be funded from the total an	incurred prior to the effecti	ve date of this agreement (for which payment obligations hav	ve been (nggered) and are interlued
to be part of this agreement, are to be funded from the total and maximum obligation of this contract. COAs are responsible for	returning this executed co	ontract by no later than June 30, 2021.	bo a odiod do a lo odio ilinoiso ior til
ANTICIPATED START DATE: (Complete ONE option only)	The Department and Con	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	in the Effective Date belo	w and no obligations have been incurred prior to the Effective	ve Date.
✓ 3. were incurred as of JULY1, 20 20, a date PRIOR to	as authorized reimburser	nent payments, and that the details and circumstances of all	lobligations under this Contract are
attached and incorporated into this Contract. Acceptance	ce of payments forever rele	eases the Commonwealth from further claims related to thes	se obligations.
CONTRACT END DATE: Contract performance shall term	nate as of JUNE 30	20 21, with no new obligations being incurred after this d	late unless the Contract is properly
amended, provided that the terms of this Contract and perfo completing any negotiated terms and warranties, to allow any	-manas avnastations and	abligations shall survive its termination for the hilfhose of	resolving any Gaim of dispute, lot
CERTIFICATIONS: Notwithstanding verbal or other represe Amendment has been executed by an authorized signatory of	fthe Centractor the Dans	artment, or a later Contract or Amendment Start Date Speci	fled above, subject to any required
approvate The Contractor confines that they have access	ed and reviewed all doo	cuments incorporated by reference as electronically publi	ished and the Contractor makes an
certifications required under the Standard Contract Form Inst documentation upon request to support compliance, and	ructions and Contractor C	ertifications under the pains and penalties of periury, and iu	rther agrees to provide any required
to the following h	iemrchy of document pred	redence the applicable Commonwealth Terms and Condition	ons, this standard Contract Form, the
Standard Contract Form Instructions and Contractor Certifications, the Request for Resi		sponse (RFR) or other solicitation, the Contractor's Respons	se (excluding any language surchen
by a Department as unacceptable, and additional negotiated terms, provided that Contractor's Response only if made using the process outlined in 801 CMR 21.07, inco		additional negotiated terms will take precedence over the proporated herein, provided that any amended RFR or Respo	onse terms result in best value, lower
costs, or a more cost effective Contract.	74111 001 011111 21111 11111		
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	. / . /	AUTHORIZING SIGNATURE FOR THE COMMONWE	ALTH:
X: Date:	1/242011	x: Year warmy.	ate
(Signature and Date Must Be Handwritten At Tim	e of Signature)	(Signature and Date Must Be Handwritter	At time of Signature)
Print Name: Leon baumond.		Print Name:	Alounting
Print Title: Town Marger.		Print Title:	
		and long	11/4/11

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

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

https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.r	mass.gov/lists/osd-torms.		
CONTRACTOR LEGAL NAME: TOWN OF WESTPORT (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 816 MAIN RD WESTPORT, MA 02790-4311		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: BEVERLY BISCH	Phone: 508-636-1026	Billing Address (if different):		
E-Mail: coadirector@westport-ma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192050		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAWESTPORT00000		
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-	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) Dillowing Commonwealth Terms and Conditions document are incorporated by reference Terms and Conditions <u>Commonwealth</u> Terms and Conditions For Human and Social		
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 o Maximum Obligation Contract. Enter total maximum obligation Contract. Enter total maximum obligation PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth p identify a PPD as follows: Payment issued within 10 days days % PPD. If PPD percentages are left blank, identify a percentage of the property of	other non-appropriated fur fall rates, units, calculation gation for total duration of ayments are issued throw PPD; Payment issued we ason: agree to sta	nds, subject to intercept for Commonwealth owed debts un 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). So ugh EFT 45 days from invoice receipt. Contractors requirithin 15 days % PPD; Payment issued within 20 days _ ndard 45 day cycle statutory/legal or Ready Payments	icer 8 10 Clink 9.00. in being amended.) 6 50,376.00. iesting accelerated payments must % PPD; Payment issued within 30	
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 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 interest 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. ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: _ 1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date. _ 2. may be incurred as of, 20, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date. _ 3. were incurred as of JULY1, 20, 20, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.				
CONTRACT END DATE: Contract performance shall terminate as of JUNE 30, 20 21, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.				
CERTIFICATIONS: Notwithstanding verbal or other expresentations by the process of this contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized sign atory 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 in orporated by reference as electronically published and the Contractor makest certifications required under the Standard Contract Form Instructions and Confractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support complian: and agrees that all items governing performance of this Contract and doing business in Massachusetts are attached incorporated by reference herein according to the following hierarchy of documents in precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form Instructions and Contractor of ertifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language strict by a Department as unacceptable, and additional regotiated 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 21.37, incorporated herein, provided that any amended RFR or Response terms result in best value, for costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: AUTHORIZING SIGNATURE FOR THE COMM				

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.r	mass.gov/lists/osd-forms.	9880 V 7740 MC
CONTRACTOR LEGAL NAME: TOWN OF WEYMOUTH (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 75 MIDDLE ST WEYMOUTH, MA 02189-1359		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: KAREN JOHNSTON	Phone: 781-682-6140	Billing Address (if different):	
E-Mail: kjohnston@weymouth.ma.us	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000192053		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAWEYMOUTH00000	
(Note: The Address ID must be set up for EFT payments.)	ľ	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 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) Dllowing Commonwealth Terms and Conditions document are incorporated by reference	
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 o Maximum Obligation Contract. Enter total maximum obligation PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth p identify a PPD as follows: Payment issued within 10 days days % PPD. If PPD percentages are left blank, identify payment (subsequent payments scheduled to support stand BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or	other non-appropriated fur fall rates, units, calculation gation for total duration of ayments are issued thro % PPD; Payment issued we eason: ———————————————————————————————————	nds, subject to intercept for Commonwealth owed debts units, conditions or terms and any changes if rates or terms fithis contract (or <i>new</i> total if Contract is being amended). The contract (or <i>new</i> total if Contract is being amended). The contractors required in the contractor	nder 815 CMR 9.00. are being amended.) \$ 136,632.00. uesting accelerated payments must % PPD; Payment issued within 30 is (M.G.L. c. 29, § 23A); only initial
municipalities of the Commonwealth, as appropriated in the Cl The performance period for this award is 7/1/20-6/30/21. The how these grant funds were applied. All approved obligations to be part of this agreement, are to be funded from the total an maximum obligation of this contract. COAs are responsible for	napter 227 of the Acts of 20 municipality certifies that the incurred prior to the effection mount awarded under this a returning this executed co	O20. The award amount is determined by a census-based on the funds will be used for COA activities, and will complete we date of this agreement (for which payment obligations hagreement. This contract, once executed by both parties, wontract by no later than June 30, 2021.	allocation of available grant funding. a final fiscal report accounting for ave been triggered) and are intended ill be treated as the sole invoice for the
ANTICIPATED START DATE: (Complete ONE option only) 1. may be incurred as of the Effective Date (latest signatur2. may be incurred as of, 20, a date LATER that3. were incurred as of, 20, a date PRIOR to authorized to be made either as settlement payments or attached and incorporated into this Contract. Acceptance	e date below) and <u>no</u> obli n the Effective Date below the Effective Date below, as authorized reimbursen	gations have been incurred <u>prior</u> to the Effective Date. w and <u>no</u> obligations have been incurred <u>prior</u> to the Effe and the parties agree that payments for any obligations i pent payments, and that the details and circumstances of	ctive Date. ncurred prior to the Effective Date are all obligations under this Contract are
CONTRACT END DATE: Contract performance shall termi amended, provided that the terms of this Contract and perfor completing any negotiated terms and warranties, to allow any	nate as of <u>JUNE 30</u> , mance expectations and close out or transition pe	20 <u>21,</u> with no new obligations being incurred after this obligations shall survive its termination for the purpose rformance, reporting, invoicing or final payments, or dur	date unless the Contract is properly of resolving any claimor dispute, for ing any lapse between amendments.
CERTIFICATIONS: Notwithstanding verbal or other represe Amendment has been executed by an authorized signatory of approvals. The Contractor certifies that they have access certifications required under the Standard Contract FormInst documentation upon request to support compliance, and a incorporated by reference herein according to the following his Standard Contract FormInstructions and Contractor Certification by a Department as unacceptable, and additional negotiation Contractor's Response only if made using the process outline costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X:	f the Contractor, the Departure of and reviewed all docuretions and Contractor Cagrees that all terms government precitions, the Request for Rested terms, provided that and in 801 CMR 21.07, incompared to the contract of t	artment, or a later Contract or Amendment Start Date spe suments incorporated by reference as electronically pu ertifications under the pains and penalties of perjury, and ererning performance of this Contract and doing busine sedence, the applicable Commonwealth Terms and Condi sponse (RFR) or other solicitation, the Contractor's Respo additional negotiated terms will take precedence over	cified above, subject to any required blished and the Contractor makes all further agrees to provide any required ess in Massachusetts are attached or tions, this Standard Contract Form, the nse (excluding any language stricken he relevant terms in the RFR and the ponse terms result in best value, lower VEALTH: Date: 3 11-21.

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.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 WHATELY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:			
Legal Address: (W-9, W-4): PO BOX 89 WHATELY, MA 01093-0089		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108			
Contract Manager: CHRISTINA JOHNSON	Phone: 413-665-2141	Billing Address (if different):			
E-Mail: scsc@town.deerfield.ma.us	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419		
Contractor Vendor Code: VC6000192055		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368		
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAWHATELY000000			
(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, hudget) 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 fo		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) Sllowing 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). \$ 6,000.00. 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 thow 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 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 re been triggered) and are intended		
ANTICIPATED START DATE: (Complete ONE option only) T1. may be incurred as of the Effective Date (latest signature2. may be incurred as of, 20, a date LATER than	date below) and <u>no</u> oblig	gations have been incurred prior to the Effective Date.	1920 1920		
	s authorized reimbursem	and the parties agree that payments for any obligations inco ent payments, and that the details and circumstances of all eases the Commonwealth from further claims related to thes	obligations under this Contract are		
amended, provided that the terms of this Contract and perform	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 FormInstructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X:					

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https://www.macomptroller.org/forms. Forms are also posted at	USD FUITIS. Https://www.i	TBSS.govills.c/occ forme.	ATTION OF ELDED AFFAIRS	
CONTRACTOR LEGAL NAME: TOWN OF WILBRAHAM (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 240 SPRINGFIELD ST WILBRAHAM, MA 01095-2257		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: PAULA DUBORD	Phone: 413-596-8379	Billing Address (if different):		
E-Mail: pdubord@wilbraham-ma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192058		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAWILBRAHAM0000		
(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		
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	e")	
Collective Purchase (Attach OSD approval, scope, budge	t)	AMENDMENT TYPE: (Check one option only. Attach	ated scope and hudget)	
Department Procurement (includes all Grants - 815 CMR Notice or RFR, and Response or other procurement supp	2.00) (Solicitation orting documentation)	Amendment to Date, Scope or Budget (Attach upda Interim Contract (Attach justification for Interim Cont	ract and updated scope/budget)	
Emergency Contract (Attach justification for emergency, s	cope, budget)	Contract Employee (Attach any updates to scope or	budget)	
Contract Employee (Attach Employment Status Form, sco	pe, budget)	Other Procurement Exception (Attach authorizing la	anguage/justification and updated	
Other Procurement Exception (Attach authorizing langua 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 opt ServicesCommonwealth IT Terms and Conditions	Cartifications and the fo	bllowing Commonwealth Terms and Conditions docume Terms and Conditions ✓ Commonwealth Terms and Condi	ent are incorporated by reference tions 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 c Maximum Obligation Contract. Enter total maximum obl	other non-appropriated tu fall rates units calculati	ons, conditions or terms and any changes if rates or terms a	re being amended.)	
Maximum Obligation Contract. Effer total maximum obligation	gutorrior total duration o	TET 45 days from invoice receipt Contractors regul	esting accelerated payments must	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pridentify a PPD as follows: Payment issued within 10 days	% PPD; Payment issued \ eason: <u>✓</u> agree to sta ard FFT 45 day paymen	within 15 days% PPD, Fayment issued within 20 days _ andard 45 day cycle statutory/legal or Ready Payments t cycle. See Promot Pay Discounts Policy.)	(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 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 avain 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 reflective date of this agreement (for which payment obligations have been trigger 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 maximum obligation of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021.			a final fiscal report accounting for tive been triggered) and are intended I be treated as the sole invoice for the	
ANTICIPATED START DATE: (Complete ONE option only)	The Department and Cor	ntractor certify for this Contract, or Contract Amendment, tha	t Contract obligations:	
A Line of the Effective Date (letect signatur	m data habyu) and na ah	ligations have been incurred prior to the Effective Date.		
2 may be incurred as of 20 a date ATER th	an the Effective Date belo	ow and no obligations have been incurred prior to the Eliech	tive Date.	
✓ 3. were incurred as of JULY1, 20 20 , a date PRIOR to	the Effective Date below	ment payments, and that the details and circumstances of a	Illobligations under this Contract are	
attached and incomprated into this Contract Acceptant	ce of payments forever re	leases the Commonwealth from lutther claims related to the	sse obligations.	
CONTRACT END DATE: Contract performance shall term amended, provided that the terms of this Contract and performance any negotiated terms and warranties, to allow an	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 Contractor. Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any reapprovals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor may reapprovals. 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 reapprovals. The Contract of support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attacted 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 languages by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR a 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:			Joished and the Contractor makes all urther agrees to provide any required as in Massachusetts are attached or ons, this Standard Contract Form, the se (excluding any language stricken he relevant terms in the RFR and the onse terms result in best value, lower	
Print Name: NOW BOAWSTRATOR. Print Title: Town Fromwistrator.		tein		

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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 WILLIAMSTOWN (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 31 NORTH ST WILLIAMSTOWN, MA 01267-2003		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: BRIAN O'GRADY	Phone: 413-458-8250	Billing Address (if different):	
E-Mail: bogrady@williamstownma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000192060		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAWILLIAMSTOWN0	•
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-	1040C-1040L-57550
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) ✓ Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		CONTRACT AMENDMENT Enter Current Contract End Date <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 of into this Contract and are legally binding: (Check ONE option Services Commonwealth IT Terms and Conditions COMPENSATION: (Check ONE option): The Department cert in the state accounting system by sufficient appropriations or one Rate Contract. (No Maximum Obligation) Attach details of the department of the contract. Enter total maximum obligation Contract.	on):Commonwealth iffes that payments for au ther non-appropriated fur all rates, units, calculation	Terms and Conditions Commonwealth Terms and Conditions and Conditions are described in accordance with the term ds, subject to intercept for Commonwealth owed debts unons, conditions or terms and any changes if rates or terms are	itions For Human and Social ms of this Contract will be supported der 815 CMR 9.00. are 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 standards brighted by the commonwealth, as appropriated in the Charles performance period for this award is 7/1/20-6/30/21. The new these grant funds were applied. All approved obligations it to be part of this agreement, are to be funded from the total ammaximum obligation of this contract. COAs are responsible for	rithin 15 days % PPD; Payment issued within 20 days _ ndard 45 day cycle statutory/legal or Ready Payments cycle. See Prompt Pay Discounts Policy.) ENT: This contract is to distribute a formula grant award to 020. The award amount is determined by a census-based a he funds will be used for COA activities, and will complete we date of this agreement (for which payment obligations ha agreement. This contract, once executed by both parties, wi ntract 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:			tive Date. curred prior to the Effective Date are Ill 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 Con 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 reapprovals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor may 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 For Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language so 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:			cified above, subject to any required collished and the Contractor makes all curther agrees to provide any required ass in Massachusetts are attached or one of the contract Form, the contract Form, the contract Form, the contract Form in the RFR and the conse terms result in best value, lower EALTH: Date: 28224 At Time of Signature)

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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 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 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:

Terms Terms** T

https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.i		
CONTRACTOR LEGAL NAME: TOWN OF WILMINGTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 121 GLEN RD WILMINGTON, MA 01887-3542		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108	
Contract Manager: TERRI MARCIELLO	Phone: 978-657-7595	Billing Address (if different):	
E-Mail: tmarciello@wilmingtonma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000192061		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAWILMINGTON000	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	140C-1040L-57550
X NEW CONTRACT		CONTRACT 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	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	act and updated scope/budget)
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 langua specific exemption or earmark, and exception justification,	ge, legislation with	Other Procurement Exception (Attach authorizing la scope and budget)	
The Standard Contract Form Instructions and Contractor	Certifications and the fo	Illowing Commonwealth Terms and Conditions documen	nt are incorporated by reference
into this Contract and are legally binding: (Check ONE opt 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 cer	tifies 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	other non-appropriated fur fall rates units calculation	nds, subject to intercept for Commonwealth owed debts under 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 <i>new</i> total if Contract is being amended). \$	48,540.00.
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth p	avments are issued thro	ugh EFT 45 days from invoice receipt. Contractors reque	sting accelerated payments must
identifice DDD as follows: Dowment issued within 10 days	& PPD: Payment issued w	within 15 days % PPD: Payment issued within 20 days	% PPD; Payment issued within 30
days% PPD. If PPD percentages are left blank, identify r payment (subsequent payments scheduled to support stand	eason: <u><a amendment="" be<="" contract="" date"="" effective="" href="mailto:varenteason: ard EFT 45 day navmenteason: arg EFT </u></td><td>ndard 45 day cycle statutory/legal or Ready Payments (cycle, See Promot Pay Discounts Policy.)</td><td>M.G.L. C. 29, § 23A), Only initial</td></tr><tr><td>PRICE DESCRIPTION OF CONTRACT PERFORMANCE or</td><td>REASON FOR AMENDM</td><td>ENT: This contract is to distribute a formula grant award to the</td><td>ne Councils on Aging of the</td></tr><tr><td colspan=3>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</td></tr><tr><td>how these grant funds were applied. All approved obligations</td><td>incurred prior to the effecti</td><td>ve date of this agreement (for which payment obligations hav</td><td>e been triggered) and are intended</td></tr><tr><td>to be part of this agreement, are to be funded from the total an</td><td>ount awarded under this a</td><td>agreement. This contract, once executed by both parties, will</td><td>be treated as the sole invoice for the</td></tr><tr><td>maximum obligation of this contract. COAs are responsible for ANTICIPATED START DATE: (Complete ONE option only)</td><td>returning this executed co</td><td>nrract by no later than June 30, 2021. tractor certify for this Contract or Contract Amendment, that</td><td>Contract obligations:</td></tr><tr><td>1. may be incurred as of the Effective Date (latest signature</td><td>e date below) and no obli</td><td>igations have been incurred prior to the Effective Date.</td><td></td></tr><tr><td>2 may be incurred as of .20 , a date LATER that</td><td>n the Effective Date below</td><td>w and <u>no</u> obligations have been incurred <u>prior</u> to the Effectiv</td><td>/e Date.</td></tr><tr><td>2 were incurred as of IIII V1 20 20 a date PRIOR to</td><td>the Effective Date below</td><td>and the parties agree that payments for any obligations incl</td><td>urred prior to the Effective Date are</td></tr><tr><td>authorized to be made either as settlement payments or</td><td>as authorized reimburser</td><td>ment payments, and that the details and circumstances of all
eases the Commonwealth from further claims related to thes</td><td>e obligations under this contract are</td></tr><tr><td>CONTRACT END DATE: Contract performance shall termi</td><td>nate as of JUNE 30</td><td>. 20 21, with no new obligations being incurred after this da</td><td>ate unless the Contract is properly</td></tr><tr><td>and a deal and ideal that the tarms of this Contract and porfol</td><td>manca avnactations and</td><td>I obligations shall survive its termination for the purpose of</td><td>resolving any claim or dispute, for</td></tr><tr><td>completing any negotiated terms and warranties, to allow any</td><td></td><td></td><td></td></tr><tr><td>CERTIFICATIONS: Notwithstanding verbal or other represent Amendment has been executed by an authorized signatory of</td><td>ntations by the parties, the</td><td>e " of="" or="" shall="" td="" this=""><td>the latest date that this Contract or</td></u>	the latest date that this Contract or	
approvals. The Contractor certifies that they have access	ed and reviewed all doo	cuments incorporated by reference as electronically public	shed and the Contractor makes all
contifications required under the Standard Contract Form Insti	ructions and Contractor C	ertifications under the pains and penalties of periury, and fur	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 attach incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract For			ns, this Standard Contract Form, ne
Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language strict			
by a Department as unacceptable, and additional negotial Contractor's Response only if made using the process outline	ted terms provided that	additional negotiated terms will take precedence over the	relevant terms in the RFR and the
costs, or a more cost effective Contract.		AUTHORIZING SIGNATURE FOR THE COMMONWE	ALTH:
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	1/29/21	1 /20 DAIL 2 ON	2-11-71
X: Signature and Date Must Be Handwritten At Tim	e of Signature)	X: (Signature and Date Must Be Handwritten	ate:
Print Name: Jessey M. Hull	sign=-ai o/	Print Name: Fragy Connery	1 100
Print Title: Town Manager		Print Title:	Huounny
V	(Updated 6/3	20/20) Page 1 of 1 A Ma	a-ting
	(Opdated 6/3	30/20) Page 1 of 1 and (onth	



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.maccmptroller.org/forms. Forms are also posted at OSD Forms: https://www.maccmptroller.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 WINCHENDON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:	
Legal Address: (W-9, W-4): 109 FRONT ST WINCHENDON, MA 01475-1758		Business Mailing Address: 1 ASHBURTON PL BOS	TON, MA 02108
Contract Manager: SHEILA BETTRO	Phone: 978-297-3155	Billing Address (if different):	
E-Mail: winchendoncoa@msn.com	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419
Contractor Vendor Code: VC6000192062		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAWINCHENDON000	
(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 (Altach OSD approval, scope, budget) Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) Emergency Contract (Altach justification for emergency, scope, budget) Contract Employee (Altach Employment Status Form, scope, budget) ✓ Other Procurement Exception (Altach 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, s 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	ollowing Commonwealth Terms and Conditions docume Terms and Conditions <u>Commonwealth</u> Terms and Condi	ent are incorporated by reference tions For Human and Social
COMPENSATION: (Check ONE option): The Department cert in the state accounting system by sufficient appropriations or carried and the state accounting system by sufficient appropriations or carried and sufficient appropriations or carried and sufficient appropriation or carried and sufficient appropriation or carried and sufficient appropriation of the state of the s	ther non-appropriated fur all rates, units, calculation pation for total duration of hyments are issued thro by PPD; Payment issued we beason:agree to sta and EFT 45 day payment REASON FOR AMENDM	nds, subject to intercept for Commonwealth owed debts undoes, conditions or terms and any changes if rates or terms at this contract (or <i>new</i> total if Contract is being amended). \$ ugh EFT 45 days from invoice receipt. Contractors requivithin 15 days % PPD; Payment issued within 20 days ndard 45 day cycle statutory/legal or Ready Payments cycle. See Prompt Pay Discounts Policy.) ENT: This contract is to distribute a formula grant award to	der 815 CMR 9.00. re being amended.) 20,760.00. esting accelerated payments must _% PPD; Payment issued within 30 (M.G.L. c. 29, § 23A); only initial
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 to be part of this agreement, are to be funded from the total am maximum obligation of this contract. COAs are responsible for ANTICIPATED START DATE: (Complete ONE option only) 1	apter 227 of the Acts of 21 nunicipality certifies that the nunred prior to the effection ount awarded under this a returning this executed co he Department and Con e date below) and no obli	D20. The award amount is determined by a census-based all the funds will be used for COA activities, and will complete a ve date of this agreement (for which payment obligations har agreement. This contract, once executed by both parties, will intract by no later than June 30, 2021. tractor certify for this Contract, or Contract Amendment, that gations have been incurred <u>prior</u> to the Effective Date.	location of available grant funding, final fiscal report accounting for we been triggered) and are intended be treated as the sole invoice for the Contract obligations:
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. 2. may be incurred as of, 20, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contratation 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 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 pe	l obligations shall survive its termination for the purpose or formance, reporting, invoicing or final payments, or durin	fresolving any claim or dispute, for g any lapse between amendments.
CERTIFICATIONS: Notwithstanding verbal or other represent Amendment has been executed by an authorized signatory of approvals. The Contractor certifies that they have accessed certifications required under the Standard Contract Form Instruction and commentation upon request to support compliance, and a incorporated by reference herein according to the following his Standard Contract Form Instructions and Contractor Certificated by a Department as unacceptable, and additional negotiated Contractor's Response only if made using the process outline costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: Signature and Pate Must Be/Handwritten At Time	the Contractor, the Depatd and reviewed all doct actions and Contractor C grees that all terms goverarchy of document precions, the Request for Resed terms, provided that	artment, or a later Contract or Amendment Start Date speci- suments incorporated by reference as electronically public ertifications under the pains and penalties of perjury, and fu- terning performance of this Contract and doing business edence, the applicable Commonwealth Terms and Condition sponse (RFR) or other solicitation, the Contractor's Response additional negotiated terms will take precedence over the proporated herein, provided that any amended RFR or Response AUTHORIZING SIGNATURE FOR THE COMMONWE	fied above, subject to any required ished and the Contractor makes all rither agrees to provide any required is in Massachusetts are attached or one, this Standard Contract Form, the se (excluding any language stricken a relevant terms in the RFR and the onse terms result in best value, lower state:

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 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.masc.gov/lists/osd-forms.

https://www.macomptroller.org/forms. Forms are also posted	at OSD Forms: https://www.	mass.gov/lists/osd-forms.		
CONTRACTOR LEGAL NAME: TOWN OF WINDSOR (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): PO BOX 146 1890 Rte 9 - CHESHIRE, MA 01225-0146 Windsolf Ha		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: SUSAN JACOBS	Phone: 413-684-3771	Billing Address (if different):		
E-Mail: rmspj1@verizon.net	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192066		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAWINDSOR000000		
(Note: The Address ID must be set up for EFT payments.)	li .	RFR/Procurement or Other ID Number: BD-21-1040	-1040C-1040L-57550	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) Other Procurement Exception (Attach authorizing language, legislation with		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 ContractForm Instructions and Contracto into this Contract and are legally binding: (Check ONE of ServicesCommonwealth IT Terms and Conditions	r Certifications and the fo otion): Commonwealth	ollowing Commonwealth Terms and Conditions docum Terms and Conditions <u>Commonwealth Terms and Conditions Commonwealth Terms and Commonwealth Terms and Commonwealth Terms and <a href="</u"></u>	nent are incorporated by reference ditions For Human and Social	
COMPENSATION: (Check ONE option): The Department or in the state accounting systemby sufficient appropriations oRate Contract. (No Maximum Obligation) Attach details ✓ Maximum Obligation Contract. Enter total maximum obligation PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth identify a PPD as follows: Payment issued within 10 daysdays% PPD. If PPD percentages are left blank, identify	r other non-appropriated fur of all rates, units, calculation digation for total duration of payments are issued thro _% PPD; Payment issued w	nds, subject to intercept for Commonwealth owed debts upons, conditions or terms and any changes if rates or terms fithis contract (or <i>new</i> total if Contract is being amended). ugh EFT 45 days from invoice receipt. Contractors requithin 15 days% PPD; Payment issued within 20 days	nder 815 CMR 9.00. are being amended.) \$ 6,000.00. uesting accelerated payments must% PPD; Payment issued within 30	
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 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 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 act 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 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 maximum obligation of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021.			alocation of available grant funding. a final fiscal report accounting for ave been triggered) and are intended	
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:				
CERTIFICATIONS: Notwithstanding verbal or other repress Amendment has been executed by an authorized signatory 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 Standard Contract Form Instructions and Contractor Certific by a Department as unacceptable, and additional negoti Contractor's Response only if made using the process outlin costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	entations by the parties, the of the Contractor, the Depa sed and reviewed all doc tructions and Contractor C agrees that all terms governierarchy of document precations, the Request for Resated terms, provided that the din 801 CMR 21.07, incompared to the contractor of the contrac	"Effective Date" of this Contract or Amendment shall be artment, or a later Contract or Amendment Start Date spe uments incorporated by reference as electronically puller difference in the pains and penalties of perjury, and erning performance of this Contract and doing busine edence, the applicable Commonwealth Terms and Conditions (RFR) or other solicitation, the Contractor's Response (RFR) or other solicitation, the Contractor's Responsed additional negotiated terms will take precedence over the	the the latest date that this Contract or cified above, subject to any required bilished and the Contractor makes all further agrees to provide any required as in Massachusetts are attached or ions, this Standard Contract Form, the nee (excluding any language stricken the relevant terms in the RFR and the ionse terms result in best value, lower IEALTH:	

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

and Contracting

This form is jointly issued and published by the Office of the Comptroller (CTR), the Executive Office for Administration and Finance (ANF), and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published 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	mass.gov/lists/osd-forms.	s published forms at CTR Forms	
CONTRACTOR LEGAL NAME: TOWN OF WINTHROP (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 1 METCALF SQ WINTHROP, MA 02152-3159		Business Mailing Address: 1 ASHBURTON PL BOST	ON, MA 02108	
Contract Manager: CATHY DIXON	Phone: 617-846-8538	Billing Address (if different):		
E-Mail: winthropoutreach@aol.com	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192064		E-Mail: STACEY,OCONNELL@MASS,GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAWINTHROP00000		
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	40 C-1040L-57550	
X NEW CONTRACT	1202	CONTRACT AMENDI		
PROCUREMENT OR EXCEPTION TYPE: (Check one option	5.5	Enter Current Contract End Date <u>Prior</u> to Amendment:		
Statewide Contract (OSD or an OSD-designated Departm Collective Purchase (Attach OSD approval, scope, budge		Enter Amendment Amount: \$ (or "no change" AMENDMENT TYPE: (Check one option only. Attach d		
Department Procurement (includes all Grants - 815 CMR	2.00) (Solicitation	Amendment to Date, Scope or Budget (Attach update		
Notice or RFR, and Response or other procurement support	orting documentation)	Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for emergency, s Contract Employee (Attach Employment Status Form, sco	cope, budget) se. budget)	Contract Employee (Attach any updates to scope or b		
✓ Other Procurement Exception (Attach authorizing language)	ge, legislation with	Other Procurement Exception (Attach authorizing lar	nguage/justification and updated	
specific exemption or earmark, and exception justification, s		scope and budget)		
The Standard Contract Form Instructions and Contractor (into this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions	on): Commonwealth	ollowing Commonwealth Terms and Conditions documen Terms and Conditions <u>✓</u> Commonwealth Terms and Condition	tare incorporated by reference ons For Human and Social	
COMPENSATION: (Check ONE option): The Department cert	fies that payments for au	thorized performance accepted in accordance with the terms	of this Contract will be supported	
in the state accounting system by sufficient appropriations or o	ther non-appropriated fur	nds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms are	r 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). \$ _4	19,536.00.	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pa	yments are issued thro	ugh EFT 45 days from invoice receipt. Contractors reques	sting accelerated payments must	
identify a PPD as follows: Payment issued within 10 days	PPD; Payment issued w	ithin 15 days % PPD; Payment issued within 20 days *	% PPD; Payment issued within 30	
days% PPD. If PPD percentages are left blank, identify 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 F	REASON FOR AMENDMI	ENT: This contract is to distribute a formula grant award to the	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 allow	cation of available grant funding.	
The performance period for this award is 7/1/20-6/30/21. The m how these grant funds were applied. All approved obligations in	unicipality certifies that tr ocurred prior to the effective	ne tunds will be used for COA activities, and will complete a fi we date of this agreement (for which payment obligations have	nal fiscal report accounting for	
to be part of this agreement, are to be funded from the total amount	ount awarded under this a	greement, This contract, once executed by both parties, will b	e treated as the sole invoice for the	
maximum obligation of this contract. COAs are responsible for ANTICIPATED START DATE: (Complete ONE option only) T			Contract obligations.	
1. may be incurred as of the Effective Date (latest signature			ontractobligations:	
2. may be incurred as of, 20, a date LATER than	the Effective Date below	v and no obligations have been incurred prior to the Effective	Date.	
✓ 3. were incurred as of <u>JULY 1</u> , 20 20 , a date PRIOR to the second seco	ne Effective Date below,	and the parties agree that payments for any obligations incur	red prior to the Effective Date are	
authorized to be made either as settlement payments or a	is authorized reimbursem	ent payments, and that the details and circumstances of all o	bligations under this Contract are	
		asses the Commonwealth from further claims related to these		
CONTRACT END DATE: Contract performance shall termin amended, provided that the terms of this Contract and perforn	nance expectations and	obligations shall survive its termination for the purpose of r	esolving any claim or dispute for	
completing any negotiated terms and warranties, to allow any o	lose out or transition per	formance, reporting, invoicing or final payments, or during	any lapse between amendments.	
CERTIFICATIONS: Notwithstanding verbal or other represent	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	the Contractor, the Depa	rtment, or a later Contract or Amendment Start Date specifie	ed above, subject to any required	
approvals. The Contractor certifies that they have accessed certifications required under the Standard Contract Form Instru	and reviewed all docu	aments incorporated by reference as electronically publish	ned and the Contractor makes all	
documentation upon request to support compliance, and ag	grees that all terms gove	erning performance of this Contract and doing business i	n Massachusetts are attached or	
incorporated by reference herein according to the following hie	rarchy of document prece	edence, the applicable Commonwealth Terms and Conditions	s, this Standard Contract Form, he	
Standard Contract Form Instructions and Contractor Certifications, the Request for Responsion Department as unacceptable, and additional negotiated terms, provided that ac		ponse (KFK) oromersolicitation, the Contractor's Response	(excluding any language stricken	
Contractor's Response only if made using the process outlined	in 801 CMR 21.07, incor	porated herein, provided that any amended RFR or Respons	e terms result in best value, lower	
costs, or a more cost effective Contract.				
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	101/2001	AUTHORIZING SIGNATURE FOR THE COMMONWEA		
X:	21/2001	X: fachel Goldstein Dat	e: 18 204	
int Name: Austin Falson	or olyliature)	(Signature and Date Must Be Handwritten A	tt rime or Signature)	
t Title: Town Manage	PY	Print Title: CFO		
1000	<u></u>		<u> </u>	

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

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

https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.i	mass.gov/lists/osd-forms.			
CONTRACTOR LEGAL NAME: CITY OF WOBURN (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:			
Legal Address: (W-9, W-4): 10 COMMON ST WOBURN, MA 01801-6702		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108			
Contract Manager: MARIE LINGBLOM	Phone: 781-937-7899	Billing Address (if different):			
E-Mail: mlingblom@cityofwoburn.com	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419		
Contractor Vendor Code: VC6000192142		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368		
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAWOBURN0000000			
(Note: The Address ID must be set up for EFT payments.)	Ì	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)		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 updated scope and budget)			
Emergency Contract (Attach justification for emergency, s	cope, 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		Contract Employee (Attach any updates to scope or budget) Other Procurement Exception (Attach authorizing language/justification and updated			
Other Procurement Exception (Attach authorizing langual specific exemption or earmark, and exception justification,		scope and budget)	igaagajaaanaaan ana apaataa		
The Standard Contract Form Instructions and Contractor	Certifications and the fo	llowing Commonwealth Terms and Conditions documen	tare incorporated by reference		
into this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions	W 14				
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.					
✓ Maximum Obligation Contract. Enter total maximum oblig	gation for total duration of	this contract (or new total if Contract is being amended). \$ <u>\$</u>	97,080.00 <u>.</u>		
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pa	ayments are issued thro	ugh EFT 45 days from invoice receipt. Contractors reques	sting accelerated payments must		
identify a PPD as follows: Payment issued within 10 days	% PPD: Payment issued w	ithin 15 days % PPD; Payment issued within 20 days	% PPD; Payment issued within 30		
days% PPD. If PPD percentages are left blank, identify repayment (subsequent payments scheduled to support stands	eason: <u> </u>	cycle. See Prompt Pay Discounts Policy.)	VI.G.L. C. 29, § 23A), Offiny Illitial		
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or I	REASON FOR AMENDM	ENT: This contract is to distribute a formula grant award to th	e 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	020. The award amount is determined by a census-based allo	cation of available grant funding.		
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	ount awarded under this a	greement. This contract, once executed by both parties, will b	e treated as the sole invoice for the		
maximum obligation of this contract. COAs are responsible for ANTICIPATED START DATE: (Complete ONE option only)			Contract obligations:		
1. may be incurred as of the Effective Date (latest signature			g		
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 Effective	e Date.		
✓ 3, were incurred as of JULY 1, 20 20 , a date PRIOR to	the Effective Date below,	and the parties agree that payments for any obligations incu	rred prior to the Effective Date are		
authorized to be made either as settlement payments or	as authorized reimbursem	pent payments, and that the details and circumstances of all classes the Commonwealth from further claims related to these	obligations under this Contract are obligations.		
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					
amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claimor dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.					
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or					
Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required					
approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the 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:	1/2/	AUTHORIZING SIGNATURE FOR THE COMMONWEA	LTH:		
X:		X: Kallie Guldelen Da	te: 218 2021		
(Signature and Date Must Be Handwritten At Time of Signature)		X: Laceur Guester Date: 28 2021 (Signature and Date Must Be Handwritten At Time of Signature)			
int Name: Scott GAIV.		Print Name: Rachel Gordste	111		
rt Title:					

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

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are incorporated by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access published forms at CTR Forms:

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

https://www.macomptroller.org/forms. Forms are also posted at	JSD Forms: nups://www.r				
CONTRACTOR LEGAL NAME: CITY OF WORCESTER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:			
Legal Address: (W-9, W-4): 455 MAIN ST WORCESTER, MA 01608-1821		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108			
Contract Manager: AMY VOGEL WATERS	Phone: 508-799-8063	Billing Address (if different):			
E-Mail: watersa@worcesterma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419		
Contractor Vendor Code: VC6000192145		E-Mail: STACEY,OCONNELL@MASS.GOV	Fax: 617-727-9368		
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAWORCESTER0000			
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-1040C-1040L-57550			
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (Includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) ✓ Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		CONTRACT AMENDMENT Enter Current Contract End Date <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 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.					
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:					
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 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: (Signature and Date Must Be Handwritten At Time of Signature) Print Name: Print Title: Print Title: Print Title: Print Title: Print Title:					



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https://www.macomptioner.org/forms. Torms are also posted at	COD I OITIS. Https://www.	mass.goviista/osu-torns.			
CONTRACTOR LEGAL NAME: TOWN OF WORTHINGTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:			
Legal Address: (W-9, W-4): 160 HUNTINGTON RD WORTHINGTON, MA 01098-9505		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108			
Contract Manager: SHELLEY RICE	Phone: 413-238-5577	Billing Address (if different):			
E-Mail: coa@worthington-ma.us	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419		
Contractor Vendor Code: VC6000192067		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368		
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAWORTHINGTON00			
Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-1040C-1040L-57550			
X NEW CONTRACT		CONTRACT AMENDMENT			
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20			
Statewide Contract (OSD or an OSD-designated Department	ent)	Enter Amendment Amount: \$ (or "no change") AMENDMENT TYPE: (Check one option only Attach details of amendment changes)			
Collective Purchase (Attach OSD approval, scope, budget Department Procurement (includes all Grants - 815 CMR 2		AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) Amendment to Date, Scope or Budget (Attach updated scope and budget)			
Notice or RFR, and Response or other procurement support	orting documentation)	Interim Contract (Attach justification for Interim Contract and updated scope/budget)			
Emergency Contract (Attach justification for emergency, so Contract Employee (Attach Employment Status Form, scop	ne hudget)	Contract Employee (Attach any updates to scope or budget)			
✓ Other Procurement Exception (Attach authorizing language	ge, legislation with	Other Procurement Exception (Attach authorizing language/justification and updated			
specific exemption or earmark, and exception justification, s	cope and budget)	scope and budget)	-t in		
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 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 oblig					
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason:/ agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.) 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			Contract obligations:		
1. may be incurred as of the Effective Date (latest signature			- 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. 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 incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.					
CONTRACT END DATE: Contract performance shall terminate as ofJUNE 30_, 20_21, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any 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, 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:	0/10/	AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:			
(Signature and Date Must Be Handwritten At Time of Signature)		X: Date: Date: (Signature and Date Must Be Handwritten At Time of Signature)			
Print Name (Balbara New Fon.) Print Title: Tann Accompant		Print Title:			

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

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

https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.				
CONTRACTOR LEGAL NAME: TOWN OF WRENTHAM (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:			
Legal Address: (W-9, W-4): 79 SOUTH ST WRENTHAM, MA 02093-1526		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108			
Contract Manager: JANET A. ANGELICO	Phone: 508-384-5425	Billing Address (if different):			
E-Mail: jangelico@wrentham.ma.us	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419		
Contractor Vendor Code: VC6000192068		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368		
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAWRENTHAM00000			
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-1040C-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)Cother 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, 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 systemby 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{24.636.00}{24.636.00}.					
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.) BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant funding. The performance period for this award is 7/1/20-6/30/21. The municipality certifies that the funds will be used for COA activities, and will complete a final fiscal report accounting for how these grant funds were applied. All approved obligations incurred prior to the effective date of this agreement (for which payment obligations have been triggered) and are intended to be part of this agreement, are to be funded from the total amount awarded under this agreement. This contract, once executed by both parties, will be treated as the sole invoice for the					
maximum obligation of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021. ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:					
attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations. CONTRACT END DATE: Contract performance shall terminate as ofJUNE 30, 20 21, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any 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 Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: Date: (Signature and Date Must Be Handwritten At Time of Signature) Print Name: Print Title: Print Title: Print Title:					
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