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

https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.	mass.gov/lists/osd-forms.	and the state of t	
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 BC	STON, 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	-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 (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)		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)		
 Emergency Contract (Attach justification for emergency, so Contract Employee (Attach Employment Status Form, scop Other Procurement Exception (Attach authorizing language 	pe, budget)	Contract Employee (Attach any updates to scope Other Procurement Exception (Attach authorizing		
specific exemption or earmark, and exception justification, s		scope and budget)	7 toda 9400, 397 - 57	
The Standard Contract Form Instructions and Contractor C into this Contract and are legally binding: (Check ONE option Services Commonwealth IT Terms and Conditions				
COMPENSATION: (Check ONE option): The Department certing the state accounting system by sufficient appropriations or one Rate Contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum obligation	ther non-appropriated fur all rates, units, calculatio ation for total duration of	ids, subject to intercept for Commonwealth owed debts ur ns, conditions or terms and any changes if rates or terms this contract (or <i>new</i> total if Contract is being amended).	nder 815 CMR 9.00. are being amended.) \$ 43,896.00.	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pa identify a PPD as follows: Payment issued within 10 days% days% PPD. If PPD percentages are left blank, identify re payment (subsequent payments scheduled to support standa	PPD; Payment issued w ason: <u>✓</u> agree to star rd EFT 45 day payment	ithin 15 days % PPD; Payment issued within 20 days ndard 45 day cycle statutory/legal or Ready Payment cycle. See Prompt Pay Discounts Policy.)	% PPD; Payment issued within 30 s (M.G.L. c. 29, § 23A); only initial	
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or R municipalities of the Commonwealth, as appropriated in the Cha The performance period for this award is 7/1/20-6/30/21. The m how these grant funds were applied. All approved obligations in to be part of this agreement, are to be funded from the total amaximum obligation of this contract. COAs are responsible form	upter 227 of the Acts of 20 unicipality certifies that the curred prior to the effective ount awarded under this a eturning this executed co	120. The award amount is determined by a census-based a re funds will be used for COA activities, and will complete re date of this agreement (for which payment obligations ha greement. This contract, once executed by both parties, wi ntract by no later than June 30, 2021.	allocation of available grant funding. a final fiscal report accounting for ave been triggered) and are intended Il be treated as the sole invoice for he	
ANTICIPATED START DATE: (Complete ONE option only) To			at Contract obligations:	
1. may be incurred as of the Effective Date (latest signature 2. may be incurred as of, 20 , a date LATER than			tive Date	
3. were incurred as of <u>JULY 1</u> , 20 20 , a date PRIOR to the authorized to be made either as settlement payments or a attached and incorporated into this Contract. Acceptance	ne Effective Date below, s authorized reimbursem of payments forever rele	and the parties agree that payments for any obligations in ent payments, and that the details and circumstances of a ases the Commonwealth from further claims related to the	curred prior to the Effective Date are all obligations under this Contract are see obligations.	
CONTRACT END DATE: Contract performance shall terminamended, provided that the terms of this Contract and perform completing any negotiated terms and warranties, to allow any completing any negotiated terms and warranties.	nance expectations and	obligations shall survive its termination for the purpose	of resolving any claim or dispute for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X:				

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

and Covyharting



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.

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-21-1040-10	040 C-1040L-57550		
X NEW CONTRACT		CONTRACT AMEND	MENT		
PROCUREMENT OR EXCEPTION TYPE: (Check one option	n only)	Enter Current Contract End Date Prior to Amendment			
Statewide Contract (OSD or an OSD-designated Departm	ent)	Enter Amendment Amount: \$ (or "no change AMENDMENT TYPE: (Check one option only. Attach or	i")		
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 Contr	act 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 Other Procurement Exception (Attach authorizing langua	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 into this Contract and are legally binding: (Check ONE opt	Certifications and the fo ion): Commonwealth `	ollowing Commonwealth Terms and Conditions documenterms and Conditions <u>✓</u> Commonwealth Terms and Conditions	ntare incorporated by reference ions 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	tifies that payments for au	thorized performance accepted in accordance with the term	s of this Contract will be supported or 815 CMR 9.00		
Rate Contract. (No Maximum Obligation) Attach details o	fall rates, units, calculation	ons, conditions or terms and any changes if rates or terms ar	e being amended.)		
✓ Maximum Obligation Contract. Enter total maximum obli	gation for total duration of	fthis contract (or <i>new</i> total if Contract is being amended). \$	12,408.00.		
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth p	ayments are issued thro	ugh EFT 45 days from invoice receipt. Contractors reque	esting accelerated payments must		
identified DDD as follows: Daymont issued within 10 days	% PPD: Payment issued w	vithin 15 days % PPD: Payment issued within 20 days	% PPD: Payment issued within 30		
days% PPD. If PPD percentages are left blank, identify a payment (subsequent payments scheduled to support stand	eason: <u> </u>	cycle. See Prompt Pay Discounts Policy.)	(NEO.E. 6. 20, § 2079, omy middl		
PRICE DESCRIPTION OF CONTRACT DEPENDMANCE OF	REASON FOR AMENDM	ENT: This contract is to distribute a formula grant award to t	he Councils on Aging of the		
municipalities of the Commonwealth, as appropriated in the Cl	nanter 227 of the Acts of 21	0.20. 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 effecti	ve date of this agreement (for which payment obligations have	ve 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 he		
maximum obligation of this contract. COAs are responsible for ANTICIPATED START DATE: (Complete ONE option only)	returning this executed co	Intract by no later than June 30, 2021.	Contract obligations:		
1. may be incurred as of the Effective Date (latest signature)	ne Departmentand Con a data babw) and no obli	gations have been incurred prior to the Effective Date	Contract obligations.		
2 may be incurred as of 20 a date LATER that	in the Effective Date below	w and no obligations have been incurred <u>prior</u> to the Effecti	ve Date.		
✓ 3 were incurred as of IIII V1 20 20 a date PRIOR to	the Effective Date below.	and the parties agree that payments for any obligations inc	curred prior to the Effective Date are		
authorized to be made either as settlement payments or	as authorized reimburser	nent payments, and that the details and circumstances of all eases the Commonwealth from further claims related to thes	lobigations under this Contract are		
CONTRACT END DATE: Contract performance shall termi					
dedided that the tarms of this Contract and parfo	rmance expectations and	I obligations shall survive its termination for the purpose of	fresolving any claim or dispute, for		
completing any negotiated terms and warranties, to allow any	close out or transition pe	rformance, reporting, involcing or final payments, or during	g arry lapse between amendments.		
CERTIFICATIONS: Notwithstanding verbal or other represe	ntations by the parties, the	e "Effective Date" of this Contract or Amendment shall be	the latest date that this Contract or		
Amondment has been executed by an authorized sign atory of	fthe Contractor the Den:	artment, or a later Contract or Amendment Start Date speci	ned above, subject to any required		
santifications required under the Standard Contract Form Inst	approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes at 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 Wassachusetts are attached of					
incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language standard Contractor).			ns, this Standard Contract Form, tie se (excluding any language stricken		
by a Department as unaccentable, and additional negotiated terms provided that additional negotiated terms will take precedence over the relevant terms in the KFK a			e relevant terms in the KFK 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			nse terms result in dest value, lower		
costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	V 7	AUTHORIZING SIGNATURE FOR THE COMMONWE	ALTH:		
Maria T Reconflort	1/20/21	HILL DONAL CONSIDER	Date: 2-18-21		
(Signature and Date Must Be Handwritten At Tin	ne of Signature)	(Signature and Date Must Be Handwritten			
Print Name: Maria T. Breakbent	· · · · · · · · · · · · · · · · · · ·	Print Name: PCAQV CDAY	BELY LAU		
X: Mario T. Bradler Date: (Signature and Date Must Be Handwritten At Tin Print Name: Maria T. Breakent Print Title: Town Administrator.		Print Title:	TC. TOM CONTRACT		

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

4



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.m			
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-21-1040-10	140C-1040L-57550	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) _ Statewide Contract (OSD or an OSD-designated Department) _ Collective Purchase (Attach OSD approval, scope, budget) _ Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) _ Emergency Contract (Attach justification for emergency, scope, budget) _ Contract Employee (Attach Employment Status Form, scope, budget) _ Contract Employee (Attach appropriation (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget) The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions of Commonwealth Terms and Conditions For Human and Social Services _ Commonwealth in Terms and Conditions or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 8 15 CMR 9.00. _ Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) _ Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended). \$ 6,000.00. PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payment identify a PPD as follows: Payment issued within 10 days _ % PPD; Payment issued within 15 days _ % PPD; Payment issued within 10 days _ % PPD; Payment issued within 15 days _ % PPD; Payment issued within 15 days _ % PPD; Payment issued within 10 days _ % PPD; Payment issued within 15 days _ % PPD; Payment issued			m, 20 letails of amendment changes.) ted scope and budget) act and updated scope/budget) budget) nguage/justification and updated ntare incorporated by reference ons For Human and Social s of this Contract will be supported are 815 CMR 9.00. e being amended.) 6,000.00. sting accelerated payments must	
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or I municipalities of the Commonwealth, as appropriated in the Ch The performance period for this award is 7/1/20-6/30/21. The r how these grant funds were applied. All approved obligations it to be part of this agreement, are to be funded from the total ammaximum obligation of this contract. COAs are responsible for	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)	e date below) and <u>no</u> oblig in the Effective Date below, the Effective Date below, as authorized reimbursem e of payments forever rele thate as of <u>JUNE 30</u> ,	gations have been incurred <u>prior</u> to the Effective Date. If and <u>no</u> obligations have been incurred <u>prior</u> to the Effective If and the parties agree that payments for any obligations incuent payments, and that the details and circumstances of all ases the Commonwealth from further claims related to thes 2021, with no new obligations being incurred after this depolications shall survive its termination for the purpose of	ve Date. urred prior to the Effective Date are obligations under this Contract are e obligations. ate unless the Contract is properly resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X:				

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.maccomptroller.org/forms.

are incorporated by reference herein. Additional non-conflic https://www.macomptroller.org/forms. Forms are also posted at	ting terms may be add OSD Forms: https://www.	ed by Attachment. Contractors are required to access mass.gov/lists/osd-forms.	published forms at CTR Points.
CONTRACTOR LEGAL NAME: TOWN OF WENHAM		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS	
(and d/b/a):		MMARS Department Code:	ON MA 02400
Legal Address: (W-9, W-4): 138 MAIN ST WENHAM, MA 01984-1555		Business Mailing Address: 1 ASHBURTON PL BOST	ON, 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-21-1040-10-	40C-1040L-57550
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Chack one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) ✓ Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget) The Standard Contract Form Instructions and Contractor Certifications and the followers.		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)	
ServicesCommonwealth IT Terms and Conditions COMPENSATION: (Check ONE option): The Department certiin the state accounting system by sufficient appropriations or ofRate Contract. (No Maximum Obligation) Attach details ofY Maximum Obligation Contract. Enter total maximum obligation Contract in the state ofY Maximum Obligation Contract. Enter total maximum obligation Contract in the state ofY Maxi	her non-appropriated fun all rates, units, calculation ation for total duration of ments are issued through Payment issued within 1: agree to standard 45 ay payment cycle. See FIEASON FOR AMENDMI pter 227 of the Acts of 20	ds, subject to intercept for Commonwealth owed debts unde is, conditions or terms and any changes if rates or terms are this contract (or <i>new</i> total if Contract is being amended). \$_1 neFT 45 days from invoice receipt. Contractors requesting a 5 days % PPD; Payment issued within 20 days % PP day cycle statutory/legal or Ready Payments (M.G.L. c. Prompt Pay Discounts Policy.) ENT: This contract is to distribute a formula grant award to the 20. The award amount is determined by a census-based alloo	r 815 CMR 9.00. being amended.) 10.344.00. ccelerated payments must identify D; Payment issued within 30 days 29, § 23A); only initial payment c Councils on Aging of the cation of available grant funding.
The performance period for this award is 7/1/20-6/30/21. The m how these grant funds were applied. All approved obligations in to be part of this agreement, are to be funded from the total amount maximum obligation of this contract. COAs are responsible for m	unicipality certifies that th curred prior to the effectiv unt awarded under this a etuming this executed cor	e funds will be used for COA activities, and will complete a fi e date of this agreement (for which payment obligations have greement. This contract, once executed by both parties, will b tract by no later than June 30, 2021.	nal fiscal report accounting for been triggered) and are intended e treated as the sole invoice for the
attached and incorporated into this Contract. Acceptance	date below) and <u>no</u> oblig the Effective Date below, he Effective Date below, s authorized reimbursem of payments forever rele	ations have been incurred <u>prior</u> to the Effective Date. and <u>no</u> obligations have been incurred <u>prior</u> to the Effective and the parties agree that payments for any obligations incurent payments, and that the details and circumstances of all of ases the Commonwealth from further claims related to these	e Date. rred prior to the Effective Date are obligations under this Contract are obligations.
CONTRACT END DATE: Contract performance shall terminate provided that the terms of this Contract and performance expended in the terms and warranties, to allow any close out or trans	ctations and obligations s sition performance, report	hall survive its termination for the purpose of resolving any or ing, invoicing or final payments, or during any lapse between	laim or dispute, for completing any n amendments.
CERTIFICATIONS: Notwithstanding verbal or other represent Amendment has been executed by an authorized signatory of approvals. The Contractor certifies that they have accessed an required under the Standard Contract Form Instructions and Coupon request to support compliance, and agrees that all terms herein according to the following hierarchy of document preceinstructions and Contractor Certifications, the Request for Reunacceptable, and additional negotiated terms, provided that a made using the process outlined in 801 CMR 21.07, incorporate Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: (Signature and Date Must Be Handwritten At Time Print Name: Print Title:	the Contractor, the Depad reviewed all documents intractor Certifications ungoverning performance of dence, the applicable Coisponse (RFR) or other additional negotiated terms ed herein, provided that a contract of the con	artment, or a later Contract or Amendment Start Date speci- incorporated by reference as electronically published and the der the pains and penalties of perjury, and further agrees to p if this Contract and doing business in Massachusetts are att- mmonwealth Terms and Conditions, this Standard Contract colicitation, the Contractor's Response (excluding any lang is will take precedence over the relevant terms in the RFR an any amended RFR or Response terms result in best value, to AUTHORIZING SIGNATURE FOR THE COMMONWE.	fied above, subject to any required e Contractor makes all certifications rovide any required documentation ached or incorporated by reference Form, the Standard Contract Form uage stricken by a Department as d the Contractor's Response only if ower costs, or a more cost effective

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

https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.	.mass.gov/lists/osd-forms.		
CONTRACTOR LEGAL NAME: TOWN OF WEST BOYLSTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
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):	(4)	
E-Mail: LCViklund@westboylston-ma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192034	(O)	E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAWESTBOYLSTON0		
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	40C-1040L-57550	
X NEW CONTRACT		CONTRACT AMEND		
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date Prior to Amendment:		
Statewide Contract (OSD or an OSD-designated Departme		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		Amendment to Date, Scope or Budget (Attach updat		
Emergency Contract (Attach justification for emergency, so	erecci i 🕶 eggg i innegge e nygagne en en en en en e	Interim Contract (Attach justification for Interim Contra		
Contract Employee (Attach Employment Status Form, scop		Contract Employee (Attach any updates to scope or b		
 Other Procurement Exception (Attach authorizing language specific exemption or earmark, and exception justification, so 		 Other Procurement Exception (Attach authorizing lar scope and budget) 	iguage/justification and updated	
The Standard Contract Form Instructions and Contractor C into this Contract and are legally binding: (Check ONE optio Services Commonwealth IT Terms and Conditions	ertifications and the fol			
COMPENSATION: (Check ONE option): The Department certifing the state accounting system by sufficient appropriations or other accounting contract. (No Maximum Obligation) Attach details of a contract.	her non-appropriated fund	ds, subject to intercept for Commonwealth owed debts unde	er 815 CMR 9.00.	
✓ Maximum Obligation Contract. Enter total maximum obligation				
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) Th			Contract obligations:	
1. may be incurred as of the Effective Date (latest signature			S	
2. may be incurred as of, 20, a date LATER than3. were incurred as of <u>JULY 1</u> , 20 20, a date PRIOR to the				
authorized to be made either as settlement payments or as	authorized reimburseme	and the parties agree that payments for any obligations incured the payments, and that the details and circumstances of all classes the Commonwealth from further claims related to these	obligations under this Contract are	
CONTRACT END DATE: Contract performance shall terminate provided that the terms of this Contract and performance expect negotiated terms and warranties, to allow any close out or trans	tations and obligations sh	nall survive its termination for the purpose of resolving any c	claim or dispute, for completing any	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form 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:				
		and corn		

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:

| Profile | P

https://www.macomptroller.org/forms. Forms are also posted at 0	OSD Forms: https://www.n	rass.gov/iists/osd-ioffis.		
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):		
	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.)		RFR/Procurement or Other ID Number: BD-21-1040-1	040C-1040L-57550	
		CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment:, 20 Enter Amendment Amount: \$ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) Amendment to Date, Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget) Contract Employee (Attach any updates to scope or budget) Other Procurement Exception (Attach authorizing language/justification and updated		
✓ Other Procurement Exception (Attach authorizing language specific exemption or earmark, and exception justification, see the content of the content o	cope and budget)	scope and budget)	A10 344 XI	
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 T	Terms and Conditions <u>< Commonwealth</u> Terms and Conditions	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	ther non-appropriated fur all rates, units, calculation	nds, subject to intercept for Commonwealth owed debts und ins, conditions or terms and any changes if rates or terms ar	e being amended.)	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason:✓ agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.) BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant funding. The performance period for this award is 7/1/20-6/30/21. The municipality certifies that the funds will be used for COA activities, and will complete a final fiscal report accounting for how these grant funds were applied. All approved obligations incurred prior to the effective date of this agreement (for which payment obligations have been triggered) and are intended to be part of this agreement, are to be funded from the total amount awarded under this agreement. This contract, once executed by both parties, will be treated as the sole invoice for the maximum obligation of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021.				
ANTICIPATED START DATE: (Complete ONE option only)	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 of				
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this contract or Amendment shall be the latest date that this contract or Amendment shall be the latest date that this contract or Amendment shall be the latest date that this contract or Amendment shall be the latest date that this contractor Amendment shall be the latest date that this contractor Amendment shall be the latest date that this contractor Amendment shall be the latest date that this contractor Amendment shall be the latest date that this contractor Amendment shall be the latest date that this contractor Amendment shall be the latest date that this contractor Amendment shall be certified above, subject to any required the pairs and periods of this Contract or Amendment shall be certified above, subject to entity of this C				

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

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

https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.	mass.gov/lists/osd-forms.		
CONTRACTOR LEGAL NAME: TOWN OF WEST BROOKFIELD (and d/b/a):		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-21-1040-1	040 C-1040L-57550	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment:, 20 Enter Amendment Amount: \$ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) Amendment to Date, Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget) Contract Employee (Attach any updates to scope or budget) Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)		
The Standard Contract Form Instructions and Contractor into this Contract and are legally binding: (Check ONE opt Services Commonwealth IT Terms and Conditions COMPENSATION: (Check ONE option): The Department cer	Certifications and the foion): Commonwealth tifies that payments for au	Terms and Conditions Commonwealth Terms and Conditions of the conditions of the conditions of the commonwealth Terms and Conditions of the commonwealth Terms and Conditions of the conditions of t	tions For Human and Social as of this Contract will be supported	
in the state accounting system by sufficient appropriations or Rate Contract. (No Maximum Obligation) Attach details o Maximum Obligation Contract. Enter total maximum obli	fall rates, units, calculation gation for total duration o	ons, conditions or terms and any changes if rates or terms and fithis contract (or new total if Contract is being amended).\$	re being amended.) 12,156.00.	
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 r payment (subsequent payments scheduled to support stand.)	% PPD; Payment issued w eason: <u>✓</u> agree to sta ard EFT 45 day payment	vithin 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 ammaximum obligation of this contract. COAs are responsible for	napter 227 of the Acts of 2 municipality certifies that t incurred prior to the effect count awarded under this returning this executed co	020. The award amount is determined by a census-based all he funds will be used for COA activities, and will complete a ve date of this agreement (for which payment obligations hav agreement. This contract, once executed by both parties, will ontract 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 Contractor certify for this Contract, or Contract Amendment, that 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>JULY1</u> , 20 20 , a date PRIOR to authorized to be made either as settlement payments or	the Effective Date below, as authorized reimburser	and the parties agree that payments for any obligations incoment payments, and that the details and circumstances of all eases the Commonwealth from further claims related to these	curred prior to the Effective Date are lobligations under this Contract are	
CONTRACT END DATE: Contract performance shall terminamended, 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 during	f resolving 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 Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: AuthORIZING SIGNATURE FOR THE COMMONWEALTH: X: AuthORIZING SIGNATURE FOR THE COMMONWEALTH: X: AuthORIZING SIGNATURE FOR THE COMMONWEALTH:				
(Signature and Date Must Be Handwritten At Tim Print Name: Daniel M. Bigna. Print Title: Marman		(Signature and Date Must Be Handwritter Print Name: Print Title:		
	(Updated 6/3	Urzuj rage i ul i v / v I v		

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

https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.	mass.gov/lists/osd-forms.		
CONTRACTOR LEGAL NAME: TOWN OF WEST NEWBURY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code:		
Legal Address: (W-9, W-4): 381 MAIN ST WEST NEWBURY, MA 01985-1450		Business Mailing Address: 1 ASHBURTON PL BOSTON, MA 02108		
Contract Manager: THERESA WOODBURY	Phone: 978-363-1104	Billing Address (if different):		
E-Mail: coa@wnewbury.org	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192037		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD_001.		MMARS Doc ID(s): FY21COAWESTNEWBURY00		
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-10	40C-1040L-57550	
X NEW CONTRACT		CONTRACT AMENDI	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date Prior to Amendment:		
Statewide Contract (OSD or an OSD-designated Departm		Enter Amendment Amount: \$ (or "no change		
Collective Purchase (Atlach OSD approval, scope, budge Department Procurement (includes all Grants - 815 CMR		AMENDMENT TYPE: (Check one option only. Attach d Amendment to Date, Scope or Budget (Attach updal		
Notice or RFR, and Response or other procurement supp	orting documentation)	Interim Contract (Attach justification for Interim Contra	AND THE PARTY OF THE PARTY OF THE PARTY.	
Emergency Contract (Attach justification for emergency, s Contract Employee (Attach Employment Status Form, score)		Contract Employee (Attach any updates to scope or b	8 8 8 9	
Other Procurement Exception (Altach authorizing language		Other Procurement Exception (Attach authorizing lar	nguage/justification and updated	
specific exemption or earmark, and exception justification, s		scope and budget)		
The Standard ContractFormInstructions and Contractor (into this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions				
COMPENSATION: (Check ONE option): The Department cert	ifies that payments for au	thorized performance accepted in accordance with the terms	of this Contract will be supported	
in the state accounting system by sufficient appropriations or c Rate Contract. (No Maximum Obligation) Attach details of				
✓ Maximum Obligation Contract. Enter total maximum oblig				
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth pa	avments are issued through	ugh EET 45 days from invoice receipt Contractors reques	sting accelerated payments must	
identify a PPD as follows: Payment issued within 10 days9	6 PPD; Payment issued w	ithin 15 days % PPD; Payment issued within 20 days '	% PPD; Payment issued within 30	
days% PPD. If PPD percentages are left blank, identify re payment (subsequent payments scheduled to support standa			MG.L. c. 29, § 23A); only initial	
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or F			e Councils on Aging of the	
municipalities of the Commonwealth, as appropriated in the Ch	apter 227 of the Acts of 20	20. The award amount is determined by a census-based alto	cation of available grant funding.	
The performance period for this award is 7/1/20-6/30/21. The n				
how these grant funds were applied. All approved obligations incurred prior to the effective date of this agreement (for which payment obligations have been triggered) and are intended to be part of this agreement, are to be funded from the total amount awarded under this agreement. This contract, once executed by both parties, will be treated as the sole invoice for the				
maximum obligation of this contract. COAs are responsible for returning this executed contract by no later than June 30, 2021. ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:				
1. may be incurred as of the Effective Date (latest signature	100		one act obligations.	
2, may be incurred as of, 20, a date LATER than			Date.	
✓ 3. were incurred as of <u>JULY 1</u> , 20 20 , a date PRIOR to telephone. A second of the prior of the prio				
		ent payments, and that the details and circumstances of all o eases the Commonwealth from further claims related to these		
CONTRACT END DATE: Contract performance shall termin				
amended, provided that the terms of this Contract and perform completing any negotiated terms and warranties, to allow any	nance expectations and	obligations shall survive its termination for the purpose of	resolving any claimor dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other represent				
Amendment has been executed by an authorized signatory of approvals. The Contractor certifies that they have accesse				
certifications required under the Standard Contract FormInstru				
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 of 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.	Jin 801 CMR 21.07, Incor	rporated herein, provided that any amended RFR or Respons	se terms result in best value, lower	
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:		ANTHORIZING SIGNATURE FOR THE COMMONWEA	LTH: 11 7/	
& Holesa (Dochaldate:	1/2/0/2/	X LOW COMPLET Da	te: 2-11-21	
(Signature and Date Must Be Handwritten At Time	of Signature)	(Signature and Date Must Be Handwritten		
Print Name: MC (PSO NOCOLO)	14	Print Name:	9 Grantin	
Print Title: COA DICCTOS.	_	Print Title: Watok of	THE COLLEGE	
(Updated 6/30/20) Page 1 of 1 and Contracting				

W 30



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

nttps://www.macomptroller.org/lorms. Forms are also posted at	OSD FORMS: https://www.	TIZSS.gov/iisis/osu-iorirs.		
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	40C-1040L-57550	
X NEW CONTRACT		CONTRACT AMEND		
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date Prior to Amendment:		
Statewide Contract (OSD or an OSD-designated Departm		Enter Amendment Amount: \$ (or "no change"	CONTRACTOR OF THE PARTY OF THE	
Collective Purchase (Attach OSD approval, scope, budge		AMENDMENT TYPE: (Check one option only. Attach d	A 10 March 1990 1990 1990 1990 1990 1990 1990 199	
 Department Procurement (includes all Grants - 815 CMR Notice or RFR, and Response or other procurement supp 		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra	3 3	
Emergency Contract (Attach justification for emergency, s	cope, budget)	Contract Employee (Attach any updates to scope or b	A STATE OF THE PROPERTY OF THE	
 Contract Employee (Attach Employment Status Form, sco Other Procurement Exception (Attach authorizing langua) 		Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception justification, s		scope and budget)	3-3-7	
The Standard Contract Form Instructions and Contractor (into this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions				
COMPENSATION: (Check ONE option): The Department cert	ifies that 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	ds, subject to intercept for Commonwealth owed debts unde	r 815 CMR 9.00.	
 Rate Contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum obligation 		ns, conditions or terms and any changes if rates or terms are		
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth paidentify a PPD as follows: Payment issued within 10 days	ayments are issued thro	ugh EFT 45 days from invoice receipt. Contractors reques	sting accelerated payments must % PPD: Payment issued within 30	
days% PPD. If PPD percentages are left blank, identify re	eason: 🗹 agree to star	ndard 45 day cycle statutory/legal or Ready Payments (I	M.G.L. c. 29, § 23A); only initial	
payment (subsequent payments scheduled to support 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 n	nunicipality certifies that the	ne funds will be used for COA activities, and will complete a fi	inal 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 he				
maximum obligation of this contract, COAs are responsible for			re treated as the sole involce for the	
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:				
1. may be incurred as of the Effective Date (latest signature	e date below) and <u>no</u> obli	gations have been incurred <u>prior</u> to the Effective Date.	1 <u>=</u> 1027	
2. may be incurred as of, 20, a date LATER that				
✓ 3, were incurred as of <u>JULY1</u> , 20 <u>20</u> , a date PRIOR to a		and the parties agree that payments for any obligations incu ient payments, and that the details and circumstances of all c		
attached and incorporated into this Contract. Acceptance	of payments forever rele	ases the Commonwealth from further claims related to these	obligations.	
CONTRACT END DATE: Contract performance shall termin	ate as of <u>JUNE 30</u> ,	20_21, with no new obligations being incurred after this da	te unless the Contract is properly	
amended, provided that the terms of this Contract and perfor completing any negotiated terms and warranties, to allow any				
			* 250	
CERTIFICATIONS: Notwithstanding verbal or other represent				
approvals. The Contractor certifies that they have accesse	d and reviewed all doc	uments incorporated by reference as electronically publis	hed 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 berein according to the following his	grees inat all terms gover enarchy of document prec	erning performance of this Contract and doing business edence, the applicable Commonwealth Terms and Condition	s. this Standard Contract Form. he	
incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, 1 Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricked).			(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 an 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,			relevant terms in the RFR and the	
costs, or a more cost effective Contract.	u III 60 I CIVIR 2 I.07, IIICO	poraled fieldin, provided tractary amended NFN or Nespons	se terms result in Dest value, lower	
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	, /	AUTHORIZING SIGNATURE FOR THE COMMONWEA	LTH:	
X: Date:	1/20/21	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	te: d- 11-04	
(Signature and Date Must Be Handwritten At Time	of Signature)	(Signature and Date Must Be Handwritten		
Print Name: William Keichett.		Print Name: C994 COV	A Traces the	
Print Title: Mayor .		Print Title:	A COUNTY	
	(Updated 6/3	0/20) Page 1 of 1 and Cont	rocting	

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.				
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):			
E-Mail: coa-director@westtisbury-ma.gov	Fax:	Contract Manager: STACEY ANNE OCONNELL	Phone: 617-222-7419		
Contractor Vendor Code: VC6000192040		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax: 617-727-9368		
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): FY21COAWESTTISBURY00			
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: BD-21-1040-1	040 C-1040L-57550		
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget)		CONTRACT AMENDMENT Enter Current Contract End Date 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			
✓ Other Procurement Exception (Attach authorizing langua specific exemption or earmark, and exception justification,	ge, legislation with	scope and budget)	inguagajusunsauorrana apaatoa		
The Standard Contract Form Instructions and Contractor into this Contract and are legally binding: (Check ONE opt Services Commonwealth IT Terms and Conditions COMPENSATION: (Check ONE option): The Department cer	Certifications and the foon): Commonwealth	ollowing Commonwealth Terms and Conditions docume Terms and Conditions ✓ Commonwealth Terms and Condit	tions For Human and Social		
in the state accounting system by sufficient appropriations or a Rate Contract. (No Maximum Obligation) Attach details o Maximum Obligation Contract. Enter total maximum obligation	other non-appropriated fur fall rates, units, calculation	nds, subject to intercept for Commonwealth owed debts unc ons, conditions or terms and any changes if rates or terms a	re 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 r payment (subsequent payments scheduled to support stand.)	% PPD; Payment issued w eason: _✓_agree to sta ard EFT 45 day payment	vithin 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	BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth, as appropriated in the Chapter 227 of the Acts of 2020. The award amount is determined by a census-based allocation of available grant funding. The performance period for this award is 7/1/20-6/30/21. The municipality certifies that the funds will be used for COA activities, and will complete a final fiscal report accounting for how these grant funds were applied. All approved obligations incurred prior to the effective date of this agreement (for which payment obligations have been triggered) and are intended to be part of this agreement, are to be funded from the total amount awarded under this agreement. This contract, once executed by both parties, will be treated as the sole invoice for the				
ANTICIPATED START DATE: (Complete ONE option only)	The Department and Con	tractor 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	igations have been incurred prior to the Effective Date.	ive Date		
	the Effective Date below as authorized reimburser	w and <u>no</u> obligations have been incurred <u>prior</u> to the Ellecu , and the parties agree that payments for any obligations inc ment payments, and that the details and circumstances of al eases the Commonwealth fromfurther claims related to the	curred prior to the Effective Date are		
CONTRACT END DATE: Contract performance shall terminate as ofJUNE 30_, 20 21, with no new obligations being incurred after this date unless the Contract is 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 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:					
Print Title: Print Title: Of the Contraction (Updated 6/30/20) Page 1 of 1					

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



This form is jointly issued and published by the Office of the Comptroller (CTR), the Executive Office for Administration and Finance (ANF), and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form or to the Standard Contract Form Instructions and Contractor Certifications, the Commonwealth Terms and Conditions 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/lorins. Forms are also posted at	OSD FOITIS. Https://www.			
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		
PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date <u>Prior</u> to Amendment:		
Statewide Contract (OSD or an OSD-designated Departm	ent)	Enter Amendment Amount: \$ (or "no change		
Collective Purchase (Attach OSD approval, scope, budge	t)	AMENDMENT TYPE: (Check one option only. Attach o		
Department Procurement (includes all Grants - 815 CMR Notice or RFR, and Response or other procurement supp		Amendment to Date, Scope or Budget (Attach upda Interim Contract (Attach justification for Interim Contr		
Emergency Contract (Attach justification for emergency, s	cope, budget)	Contract Employee (Attach any updates to scope or		
 Contract Employee (Attach Employment Status Form, sco Other Procurement Exception (Attach authorizing langua) 	ne, budget)	Other Procurement Exception (Attach authorizing la		
specific exemption or earmark, and exception justification,		scope and budget)	0.0.7	
The Standard Contract Form Instructions and Contractor into this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions	Certifications and the fo on): Commonwealth	ollowing Commonwealth Terms and Conditions docume Terms and Conditions <u>✓</u> Commonwealth Terms and Conditi	nt are incorporated by reference ions For Human and Social	
COMPENSATION: (Check ONE option): The Department cert in the state accounting system by sufficient appropriations or a Rate Contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum obligation	other non-appropriated fur all rates, units, calculation	nds, subject to intercept for Commonwealth owed debts und ons, conditions or terms and any changes if rates or terms ar	er 815 CMR 9.00. e being amended.)	
identify a PPD as follows: Payment issued within 10 days	eason: _< agree to sta ard EFT 45 day payment REASON FOR AMENDM apter 227 of the Acts of 21 nunicipality certifies that the nourred prior to the effection ount awarded under this a	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 the funds will be used for COA activities, and will complete a ve date of this agreement (for which payment obligations have agreement. This contract, once executed by both parties, will	M.G.L. c. 29, § 23A); only initial ne Councils on Aging of the ocation of available grant funding. final fiscal report accounting for been triggered) and are intended	
ANTICIPATED START DATE: (Complete ONE option only)	he Department and Cont	tractor certify for this Contract, or Contract Amendment, that	Contract obligations:	
1. may be incurred as of the Effective Date (latest signature	date below) and <u>no</u> obli	gations have been incurred prior to the Effective Date.	D-t-	
2. may be incurred as of, 20, a date LATER that ✓ 3. were incurred as of JULY1, 20 20, a date PRIOR to authorized to be made either as settlement payments or	he Effective Date below, as authorized reimbursen	, and the parties agree that payments for any obligations inc nent payments, and that the details and circumstances of all	urred prior to the Effective Date are obligations under this Contract are	
	the second secon	eases the Commonwealth from further claims related to thes		
CONTRACT END DATE: Contract performance shall termin amended, provided that the terms of this Contract and perfor completing any negotiated terms and warranties, to allow any	mance expectations and	obligations shall survive its termination for the purpose of	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifications that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: Date:				
	(Updated 6/3	0/20) Page 1 of 1	MITTON	



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

https://www.maccomptroller.com/forms_Forms_are_also_posted_at_OSD_Forms_intos://www.maccomptroller.com/forms_Forms_are_also_posted_at_OSD_Forms_intos://www.maccomptroller.com/forms_Forms_are_also_posted_at_OSD_Forms_intos://www.maccomptroller.com/forms_Forms_are_also_posted_at_OSD_Forms_intos://www.maccomptroller.com/forms_Forms_are_also_posted_at_OSD_Forms_intos://www.maccomptroller.com/forms_Forms_are_also_posted_at_OSD_Forms_intos://www.maccomptroller.com/forms_Forms_are_also_posted_at_OSD_Forms_intos://www.maccomptroller.com/forms_Forms_are_also_posted_at_OSD_Forms_intos://www.maccomptroller.com/forms_Forms_are_also_posted_at_OSD_Forms_intos://www.maccomptroller.com/forms_Forms_are_also_posted_at_OSD_Forms_intos://www.maccomptroller.com/forms_Forms_are_also_posted_at_OSD_Forms_intos://www.maccomptroller.com/forms_Forms_are_also_posted_at_OSD_Forms_intos://www.maccomptroller.com/forms_Forms_are_also_posted_at_OSD_Forms_intos://www.maccomptroller.com/forms_Forms_are_also_posted_at_OSD_Forms_intos://www.maccomptroller.com/forms_forms_forms_are_also_posted_at_OSD_Forms_intos://www.maccomptroller.com/forms_forms_forms_forms_forms_forms_forms_forms_forms_forms_forms_forms_forms_forms_forms

nttps://www.macomptroller.org/torms. Forms are also posted at	OSD Forms: https://www.i	TBSS.govilisis/oso-iorits.		
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-21-1040-1	040C-1040L-57550	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) ✓ 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) Cother Procurement Exception (Attach authorizing language/justification and updated scope and budget)		
The Standard Contract Form Instructions and Contractor into this Contract and are legally binding: (Check ONE opti ServicesCommonwealth IT Terms and Conditions	Certifications and the fo on): Commonwealth	Illowing Commonwealth Terms and Conditions docume Terms and Conditions <u><</u> Commonwealth Terms and Condit	nt are incorporated by reference ions For Human and Social	
COMPENSATION: (Check ONE option): The Department 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). \$ 95,904.00. 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:				
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment shall be the Contract or Amend				

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

and Contracting

The state of the s

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

https://www.maconipitolier.org/lonns. Forms are also posted at	Cob i oms. mps.//www.		
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.)		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 procurementsupporting 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 (into this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions	Certifications and the fo	Illowing Commonwealth Terms and Conditions docume	nt are incorporated by reference ions For Human and Social
COMPENSATION: (Check ONE option): The Department cert in the state accounting system by sufficient appropriations or care accounting system by sufficient appropriations or care account account account account account acco	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 pidentify a PPD as follows: Payment issued within 10 days	% PPD; Payment issued we eason: ✓ agree to star ard EFT 45 day payment REASON FOR AMENDM apter 227 of the Acts of 20 nunicipality certifies that the nourred prior to the effective ount awarded 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 discribute a formula grant award to the state of the award amount is determined by a census-based allowed will be used for COA activities, and will complete a very 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.	% PPD; Payment issued within 30 (MG.L. c. 29, § 23A); only initial ne Councils on Aging of the ocation of available grant funding. final fiscal report accounting for the been triggered) and are intended be treated as the sole invoice for the
	e date below) and <u>no</u> obli n 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 Effectiv	ve Date. 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	obligations shall survive its termination for the purpose of	resolving any claim or dispute, for
CERTIFICATIONS: Notwithstanding verbal or other represent Amendment has been executed by an authorized signatory of approvals. The Contractor certifies that they have accessed certifications required under the Standard Contract Form Instruction upon request to support compliance, and a incorporated by reference herein according to the following his Standard Contract Form Instructions and Contractor Certificate by a Department as unacceptable, and additional negotiate 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 Time Print Name: Print Title:	the Contractor, the Depart and reviewed all docuctions and Contractor Cogrees that all terms goverarchy of document precions, the Request for Resed terms, provided that din 801 CMR 21.07, inco	ortment, or a later Contract or Amendment Start Date specifications incorporated by reference as electronically publicatifications under the pains and penalties of perjury, and fur erning performance of this Contract and doing business edence, the applicable Commonwealth Terms and Condition ponse (RFR) or other solicitation, the Contractor's Responsiadditional negotiated terms will take precedence over the reporated herein, provided that any amended RFR or Responsional Contractor's Responsional New York (RFR) or RESPONSIONAL (RFR) or RESPONSI	ded above, subject to any required shed and the Contractor makes all ther agrees to provide any required in Massachusetts are attached or as, this Standard Contract Form, he e (excluding any language stricken relevant terms in the RFR and the ase terms result in best value, lower ALTH:

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

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

https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: https://www.	.mass.gov/lists/osd-forms.	
CONTRACTOR LEGAL NAME: TOWN OF 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-21-1040-1040C-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) Vother Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment:, 20 Enter Amendment Amount: \$ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)	
		Amendment to Date, Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget) Contract Employee (Attach any updates to scope or budget) Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)	
The Standard Contract Form Instructions and Contractor C into this Contract and are legally binding: (Check ONE option Services Commonwealth IT Terms and Conditions			
COMPENSATION: (Check ONE option): The Department certing the state accounting system by sufficient appropriations or one Rate Contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum obligation Contract.	ther non-appropriated fur all rates, units, calculation	nds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rales or terms are	er 815 CMR 9.00. e being amended.)
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth paidentify a PPD as follows: Payment issued within 10 days% days% PPD. If PPD percentages are left blank, identify repayment (subsequent payments scheduled to support standard)	PPD; Payment issued wason: <u>√</u> agree to star	rithin 15 days % PPD; Payment issued within 20 days ndard 45 day cycle statutory/legal or Ready Payments (I	% PPD; Payment issued within 30
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or Remunicipalities of the Commonwealth, as appropriated in the Charles performance period for this award is 7/1/20-6/30/21. The most how these grant funds were applied. All approved obligations in to be part of this agreement, are to be funded from the total amaximum obligation of this contract. COAs are responsible form	apter 227 of the Acts of 20 nunicipality certifies that the nourred prior to the effective nunt awarded under this a	D20. The award amount is determined by a census-based allo ne funds will be used for COA activities, and will complete a f we date of this agreement (for which payment obligations have agreement. This contract, once executed by both parties, will be	cation of available grant funding. inal fiscal report accounting for been triggered) and are intended
	date below) and <u>no</u> obling 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 Effective	e Date. rred prior to the Effective Date are obligations under this Contract are
CONTRACT END DATE: Contract performance shall termin amended, provided that the terms of this Contract and perform completing any negotiated terms and warranties, to allow any or	nance expectations and	obligations shall survive its termination for the purpose of	resolving any claim or dispute, for
CERTIFICATIONS: Notwithstanding verbal or other represent Amendment has been executed by an authorized signatory of approvals. The Contractor certifies that they have accessed certifications required under the Standard Contract FormInstruction upon request to support compliance, and an incorporated by reference herein according to the following hie Standard Contract FormInstructions and Contractor Certification by a Department as unacceptable, and additional negotiate Contractor's Response only if made using the process outlined costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	the Contractor, the Depa d and reviewed all doc ctions and Contractor Co grees that all terms gover archy of document precents, the Request for Reserved terms, provided that a	rtment, or a later Contract or Amendment Start Date specific uments incorporated by reference as electronically publis ertifications under the pains and penalties of perjury, and furtle erning performance of this Contract and doing business edence, the applicable Commonwealth Terms and Condition ponse (RFR) or other solicitation, the Contractor's Response additional negotiated terms will take precedence over the in rporated herein, provided that any amended RFR or Response AUTHORIZING SIGNATURE FOR THE COMMONWEA	ed above, subject to any required hed and the Contractor makes all her agrees to provide any required in Massachusetts are attached or s, this Standard Contract Form, he (excluding any language stricken relevant terms in the RFR and the se terms result in best value, lower LLTH:
(Signature and Date Must Be Handwritten At Time	of Signature)	X: Kallul Judsten, Da (Signature and Date Must Be Handwritten) Print Name: Rechel Coldete	te: 28 2021 At Time of Signature)

Print Title: _

ELD

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:

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

https://www.macomptroller.org/forms. Forms are also posted at	OSD Forms: 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.)		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 Control into this Contract and are legally binding: (Check ONE option Services Commonwealth IT Terms and Conditions	on):Commonwealth ⁻	Terms and Conditions <u>✓ C</u> ommonwealth Terms and Conditi	ons For Human and Social
COMPENSATION: (Check ONE option): The Department cert in the state accounting system by sufficient appropriations or one Rate Contract. (No Maximum Obligation) Attach details of Maximum Obligation Contract. Enter total maximum obligation Contract.	ther non-appropriated fur all rates, units, calculation	nds, subject to intercept for Commonwealth owed debts 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 paidentify a PPD as follows: Payment issued within 10 days% days% PPD. If PPD percentages are left blank, identify repayment (subsequent payments scheduled to support standard BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or Fundicipalities of the Commonwealth, as appropriated in the Charles performance period for this award is 7/1/20-6/30/21. The nhow these grant funds were applied. All approved obligations is to be part of this agreement, are to be funded from the total ammaximum obligation of this contract. COAs are responsible for	be PPD; Payment issued was on:	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 the 120. The award amount is determined by a census-based allower funds will be used for COA activities, and will complete a ve date of this agreement (for which payment obligations hav agreement. This contract, once executed by both parties, will lantract by no later than June 30, 2021.	% PPD; Payment issued within 30 M.G.L. c. 29, § 23A); only initial ne Councils on Aging of the ocation of available grant funding. final fiscal report accounting for e been triggered) and are intended be treated as the sole invoice for the
ANTICIPATED START DATE: (Complete ONE option only) T	e date below) and <u>no</u> oblin n the Effective Date below, he 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 Effectiv	re Date. 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	ate as ofJUNE 30_,	20 21, with no new obligations being incurred after this do	ate unless the Contract is properly resolving any claim or dispute, for
CERTIFICATIONS: Notwithstanding verbal or other represent Amendment has been executed by an authorized signatory of approvals. The Contractor certifies that they have accessed certifications required under the Standard Contract Form Instructions and compliance, and a incorporated by reference herein according to the following his Standard Contract Form Instructions and Contractor Certification by a Department as unacceptable, and additional negotiate Contractor's Response only if made using the process outlined costs, or a more cost effective Centract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: Signature and Date Must Be Handwritten At Time Print Name: Print Title: Date:	the Contractor, the Depad and reviewed all doc actions and Contractor Contrac	artment, or a later Contract or Amendment Start Date specifications under the pains and penalties of perjury, and fur erning performance of this Contract and doing business edence, the applicable Commonwealth Terms and Condition sponse (RFR) or other solicitation, the Contractor's Response additional negotiated terms will take precedence over the reported herein, provided that any amended RFR or Response AUTHORIZING SIGNATURE FOR THE COMMONWEA	ed above, subject to any required shed and the Contractor makes all ther agrees to provide any required in Massachusetts are attached or is, this Standard Contract Form, the e (excluding any language stricken relevant terms in the RFR and the ise terms result in best value, lower ALTH:

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

D. W.



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.nov/lists/osd-forms.

nttps://www.macomptroller.org/lorins. Forms are also posted at	OSD FOITIS, TIUPS.//WWW.I	ildss.govilists/osu-lottis.		
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-21-1040-1040C-1040L-57550		
X NEW CONTRACT		CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check one option only)		Enter Current Contract End Date Prior to Amendment:, 20		
Statewide Contract (OSD or an OSD-designated Department)		Enter Amendment Amount: \$ (or "no change")		
Collective Purchase (Attach OSD approval, scope, budget)		AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)		
Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation)		Amendment to Date, Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget)		
Emergency Contract (Attach justification for emergency, scope, budget)		interim Contract (Attach justification for interim Contract and updated scoperbudget) Contract Employee (Attach any updates to scope or budget)		
Contract Employee (Attach Employment Status Form, scope, budget) ✓ Other Procurement Exception (Attach authorizing language, legislation with		Other Procurement Exception (Attach authorizing language/justification and updated		
specific exemption or earmark, and exception justification, scope and budget)		scope and budget)		
The Standard Contract Form Instructions and Contractor (into this Contract and are legally binding: (Check ONE opti Services Commonwealth IT Terms and Conditions	Certifications and the fo	Terms and Conditions <u>✓ C</u> ommonwealth Terms and Conditi	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 unde ons, conditions or terms and any changes if rates or terms are	er 815 CMR 9.00. e being amended.)	
Discourage and the second of	Ella:			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth paidentify a PPD as follows: Payment issued within 10 days9 days% PPD. If PPD percentages are left blank, identify repayment (subsequent payments scheduled to support standard)	% PPD; Payment issued w eason: _✓_agree to star ard EFT 45 day payment	rithin 15 days % PPD; Payment issued within 20 days ndard 45 day cycle statutory/legal or Ready Payments (cycle. See Prompt Pay Discounts Policy.)	% PPD; Payment issued within 30 M.G.L. c. 29, § 23A); only initial	
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or financicipalities of the Commonwealth, as appropriated in the Ch The performance period for this award is 7/1/20-6/30/21. The nhow 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	apter 227 of the Acts of 20 nunicipality certifies that th ncurred prior to the effective wunt awarded under this a	D20. The award amount is determined by a census-based allone funds will be used for COA activities, and will complete a five date of this agreement (for which payment obligations have 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)			Contract obligations:	
1. may be incurred as of the Effective Date (latest signature	date below) and no oblin	gations have been incurred <u>prior</u> to the Effective Date.	D. (
3. were incurred as of <u>JULY1</u> , 20 20 , a date PRIOR to authorized to be made either as settlement payments or a settlement payments.	the Effective Date below, as authorized reimbursem	w and <u>no</u> obligations have been incurred <u>prior</u> to the Effectiv and the parties agree that payments for any obligations incu rent payments, and that the details and circumstances of all bases the Commonwealth from further claims related to these	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 performance completing any negotiated terms and warranties, to allow any	mance expectations and	obligations shall survive its termination for the purpose of	resolving any claimor dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other represent Amendment has been executed by an authorized sign atory of approvals. The Contractor certifies that they have accessed certifications required under the Standard Contract Form Instructions are under the standard Contract Form Instructions and contractor certifications are contracted by reference herein according to the following his Standard Contract Form Instructions and Contractor certifications are provided by a Department as unacceptable, and additional regotiation costs, or a more cost effective Contract.	the Contractor, he Depa and reviewed all doct uctions and Contractor Co- grees that all terms gove erarchy of docur shaf preceions, the Request for Res ed terms, provided that a	Intrent, or a later Contract or Amendment Start Date specifications in orporated by reference as electronically publishertifications under the pains and penalties of perjury, and furthering performance of this Contract and doing business bedence, the applicable Commonwealth Terms and Conditions sponse (RFR) or other solicitation, the Contractor's Response additional negotiated terms will take precedence over the	ed above, subject to any required shed and the Contractor makes all ther agrees to provide any required in Massachusetts are attached or as, this Standard Contract Form, the e (excluding any language stricken relevant terms in the RFR and the	
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	1/19/21.	AUTHORIZING SIGNATURE FOR THE COMMONWEAR X: Keelful Foldstein. Da	sta: 2/8/2021	
(Signature and Date Must Be Handwritten At Time	of Signature)	(Signature and Date Must Be Handwritten	At Time of Signature)	
Print Name: 11 MOTKY & KIME.		Print Name: Kachel Goldste	191	
Print Title: Town Homenstratar.		Print Title:		

This form is jointly issued and published by the Office of the Comptroller (CTR), the Executive Office for Administration and Finance (ANF), and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form 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:

	Phone: 617-222-7419 Fax: 617-727-9368 40C-1040L-57550 MENT, 20 ") etails of amendment changes.) ted scope and budget) act and updated scope/budget) budget)			
Billing Address (if different): Contract Manager: STACEY ANNE OCONNELL E-Mail: STACEY.OCONNELL@MASS.GOV MMARS Doc ID(s): FY21COAWEYMOUTH00000 RFR/Procurement or Other ID Number: BD-21-1040-10	Phone: 617-222-7419 Fax: 617-727-9368 MENT, 20 ") etails of amendment changes.) ted scope and budget) act and updated scope/budget) budget)			
Contract Manager: STACEY ANNE OCONNELL E-Mail: STACEY.OCONNELL@MASS.GOV MMARS Doc ID(s): FY21COAWEYMOUTH00000 RFR/Procurement or Other ID Number: BD-21-1040-10 CONTRACT AMENDI Enter Current Contract End Date Prior to Amendment: (or "no change! AMENDMENT TYPE: (Check one option only. Attach d Amendment to Date, Scope or Budget (Attach upda! Interim Contract (Attach justification for Interim Contract Contract Employee (Attach any updates to scope or b Other Procurement Exception (Attach authorizing lar scope and budget) lowing Commonwealth Terms and Conditions documenterms and Conditions ✓ Commonwealth Terms and Conditions	Fax: 617-727-9368 MOC-1040L-57550 MENT, 20 ") etails of amendment changes.) ted scope and budget) act and updated scope/budget) budget)			
E-Mail: STACEY.OCONNELL@MASS.GOV MMARS Doc ID(s): FY21COAWEYMOUTH00000 RFR/Procurement or Other ID Number: BD-21-1040-10	Fax: 617-727-9368 MOC-1040L-57550 MENT, 20 ") etails of amendment changes.) ted scope and budget) act and updated scope/budget) budget)			
MMARS Doc ID(s): FY21COAWEYMOUTH00000 RFR/Procurement or Other ID Number: BD-21-1040-10	MENT, 20 ") etails of amendment changes.) ted scope and budget) act and updated scope/budget) budget)			
CONTRACT AMENDI Enter Current Contract End Date Prior to Amendment: Enter Amendment Amount: \$ (or "no change! AMENDMENT TYPE: (Check one option only. Attach d Amendment to Date, Scope or Budget (Attach upda! Interim Contract (Attach justification for Interim Contract Contract Employee (Attach any updates to scope or be compared to the contract of the	MENT, 20 ") etails of amendment changes.) ted scope and budget) act and updated scope/budget) budget)			
CONTRACT AMENDI Enter Current Contract End Date Prior to Amendment: Enter Amendment Amount: \$ (or "no change! AMENDMENT TYPE: (Check one option only. Attach d Amendment to Date, Scope or Budget (Attach upda! Interim Contract (Attach justification for Interim Contract Contract Employee (Attach any updates to scope or be compared to the contract of the	MENT, 20 ") etails of amendment changes.) ted scope and budget) act and updated scope/budget) budget)			
CONTRACT AMEND! Enter Current Contract End Date <u>Prior</u> to Amendment: (or "no change' AMENDMENT TYPE: (Check one option only. Attach d Amendment to Date, Scope or Budget (Attach upda' Interim Contract (Attach justification for Interim Contract Contract Employee (Attach any updates to scope or b Other Procurement Exception (Attach authorizing lan scope and budget) Owing Commonwealth Terms and Conditions documenterms and Conditions <u>✓</u> Commonwealth Terms and Conditions	MENT, 20 ") etails of amendment changes.) ted scope and budget) act and updated scope/budget) budget)			
Other Procurement Exception (Attach authorizing land scope and budget) lowing Commonwealth Terms and Conditions documenterms and Conditions ✓ Commonwealth Terms and Conditions				
scope and budget) lowing Commonwealth Terms and Conditions document erms and Conditions Commonwealth Terms and Conditions	nguage/justification and updated			
lowing Commonwealth Terms and Conditions documenterms and Conditions Commonwealth Terms and Conditions				
erms and Conditions <u><</u> Commonwealth Terms and Condition				
into this Contract and are legally binding: (Check ONE option):Commonwealth Terms and Conditions \(\subseteq \) Commonwealth Terms and Conditions For Human and Social ServicesCommonwealth IT Terms and Conditions COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported				
norized performance accepted in accordance with the terms is, subject to intercept for Commonwealth owed debts under s, conditions or terms and any changes if rates or terms are this contract (or new total if Contract is being amended). \$	er 815 CMR 9.00. e being amended.)			
gh EFT 45 days from invoice receipt. Contractors reques hin 15 days % PPD; Payment issued within 20 days dard 45 day cycle statutory/legal or Ready Payments (lycle. See Prompt Pay Discounts Policy.) NT: This contract is to distribute a formula grant award to the	% PPD; Payment issued within 30 M.G.L. c. 29, § 23A); only initial			
20. The award amount is determined by a census-based alloge funds will be used for COA activities, and will complete a feedate of this agreement (for which payment obligations have greement. This contract, once executed by both parties, will be tract by no later than June 30, 2021.	cation of available grant funding. inal fiscal report accounting for e been triggered) and are intended be treated as the sole invoice for the			
	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.				
and the parties agree that payments for any obligations incu ant payments, and that the details and circumstances of all o	rred prior to the Effective Date are obligations under this Contract are			
obligations shall survive its termination for the purpose of	resolving any claim or dispute, for			
tment, or a later Contract or Amendment Start Date specific ments incorporated by reference as electronically publis tifications under the pains and penalties of perjury, and furt rning performance of this Contract and doing business dence, the applicable Commonwealth Terms and Conditiononse (RFR) or other solicitation, the Contractor's Response dditional negotiated terms will take precedence over the porated herein, provided that any amended RFR or Response AUTHORIZING SIGNATURE FOR THE COMMONWEAUTHORIZING SIGNATURE S	ed above, subject to any required shed and the Contractor makes all her agrees to provide any required in Massachusetts are attached or s, this Standard Contract Form, the elevant terms in the RFR and the se terms result in best value, lower LLTH:			
	e date of this agreement (for which payment obligations have greement. This contract, once executed by both parties, will be tract by no later than June 30, 2021. actor certify for this Contract, or Contract Amendment, that the actions have been incurred prior to the Effective Date. It and no obligations have been incurred prior to the Effective and the parties agree that payments for any obligations incurred payments, and that the details and circumstances of all the payments, and that the details and circumstances of all the payments, and that the details and circumstances of all the payments, and that the details and circumstances of all the payments, and that the details and circumstances of all the payments, and that the details and circumstances of all the payments, and that the details and circumstances of all the payments, and that the details and circumstances of all the payments, and that the details and circumstances of all the payments, and the particular of the purpose of commance, reporting, invoicing or final payments, or during the freetive Date. Of this Contract or Amendment shall be the trent, or a later Contract or Amendment Start Date specifications under the pains and penalties of perjury, and furturing performance of this Contract and doing business dence, the applicable Commonwealth Terms and Condition onse (RFR) or other solicitation, the Contractor's Response deficient and provided that any amended RFR or Response AUTHORIZING SIGNATURE FOR THE COMMONWEAUTHORIZING			

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