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CONTRACTOR LEGAL NAME:	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs
TOWN OF ABINGTON	MMARS Department Code: ELD  Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
Legal Address: (W-9, W-4, T&C): 500 GLINIEWICZ WAY ABINGTON MA 02351-2058	
Contract Manager: Suzanne Djusberg	Billing Address (if different):
E-Mail: coadirector@abingtonma.gov	Contract Manager: Stacey O'Connell
Phone: 781-982-2145 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us
Contractor Vendor Code: V C 6 0 0 0 1 9 1 6 8 8	<u>Phone</u> :1-617-222-7419 Fax: 1-617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COAAbington00000
Note: The Address Id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award
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 State or Federal grants 815 CMR 2.00)	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 Scope or Budget (Attach updated scope and budget)
(Attach RFR and Response or other procurement supporting documentation)  Emergency Contract (Attach justification for emergency, scope, budget)	Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach Employment Status Form, scope, budget)  X Legislative/Legal or Other: (Attach authorizing language/justification,	Contract Employee (Attach any updates to scope or budget) <u>Legislative/Legal or Other: (</u> Attach authorizing language/justification and updated scope and budget)
The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed a Commonwealth Terms and Conditions Commonwealth Terms and Conditions	Conditions For Human and Social Services.
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.)  X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$27,112.00  PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 20 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 d	
30 days % PPD. If PPD percentages are left blank, identify reason: X agree to stall payment (subsequent payments scheduled to support standard EFT 45 day payment cyc	cle. See Prompt Pay Discounts Policy.)
the municipalities of the Commonwealth. The award amount is determined by a census- identified in the annually published COA Formula Grant Guide. The activity performance report accounting for how these grant funds were applied. Ongoing eligibility for formula	ENT: This contract is to locally distribute a formula grant award to the Councils on Aging of based allocation of available grant funding. Fund may support Council on Aging activities as period for this award is 7/1/2016)—6/30/2012. The municipality will complete a final fiscal grant funding is contingent on satisfactory prior year performance.
ANTICIPATED START DATE: (Complete ONE option only) The Department and Com-	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 no obl	igations have been incurred <u>prior to the Effective Date</u> .
2. may be incurred as of, 20 , a date LATER than the <u>Effective Date</u> below 3. were incurred as of, 210, a date PRIOR to the <u>Effective Date</u> below 211, a date PRIOR to the <u>Effective Date</u> below 212 are authorized to be made either as settlement payments or as authorized reimbur.	ow and <u>no obligations have been incurred prior</u> to the <u>Effective Date</u> .  The parties agree that payments for any obligations incurred prior to the <u>Effective</u> sement payments, and that the details and circumstances of all obligations under this over releases the Commonwealth from further claims related to these obligations.
CONTRACT END DATE: Contract performance shall terminate as of <u>June 30th, 20</u> amended, provided that the terms of this Contract and performance expectations and for completing any negotiated terms and warranties, to allow any close out or transition amendments.	18 with no new obligations being incurred after this date unless the contract is properly disputed obligations shall survive its termination for the purpose of resolving any claim or dispute, on performance, reporting, invoicing or final payments, or during any lapse between
Amendment has been executed by an authorized signatory of the Contractor, the De approvals. The Contractor makes all certifications required under the attached Cor penalties of perjury, agrees to provide any required documentation upon request to s business in Massachusetts are attached or incorporated by reference herein accordin Conditions, this Standard Contract Form including the instructions and Contractor Conditions.	re "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or partment, or a later Contract or Amendment Start Date specified above, subject to any required atractor Certifications (incorporated by reference if not attached hereto) under the pains and upport compliance, and agrees that all terms governing performance of this Contract and doing go to the following hierarchy of document precedence, the applicable Commonwealth Terms and ertifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, eccedence over the relevant terms in the RFR and the Contractor's Response only if made using ded RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X: Date: Date: Print Name: Print Title:

(Updated 1/4/2018) Page 1

1

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ONTRACTOR LEGAL NAME:		
ONTRACTOR LEGAL NAME	al requirements that are incorporated by relocated lance For Vendors - Forms, or www.mass.gov/os	COMMONTAL
OWN OF ACTON	<i>I</i>	MMARS Department Code: ELD
onal Address: (W-9, W-4,T&C):		Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
72 MAIN ST ACTON MA 01720-3952		Billing Address (if different):
Contract Manager: Sharon Mercurio		Contract Manager: Stacey O'Connell
E-Mail: smercurio@acton-ma.gov	Te	F.Mail: Stacev.O'Connell@MassMail.state.ma.us
Phone: 978-264-9643	Fax:	Phone:1-617-222-7419 Fax: 1-617-727-9368
Contractor Vendor Code: V C 6 0 0 0 1	91689	MMARS Doc ID(s): FY18COAActon00000000
Vendor Code Address ID (e.g. "AD001"	'): AD <u>001</u> .	RFR/Procurement or Other ID Number: Grant Award
Note: The Address Id Must be set up fo	or <u>EFT</u> payments.)	RFR/Procurement of Other to Number: CONTRACT AMENDMENT
NATION OF THE STATE OF		Enter Current Contract End Date <u>Prior</u> to Amendment:, 20
DECCUREMENT OR EXCEPTION TY	<u>PE</u> : (Check one option only)	
Lacronic Costs or an OSD-0	lesignated Department)	There in the Property of the American Only, Attach details of American
Collective Purchase (Attach OSD app	roval, scope, budget)	
Collective Purchase (Attach OSD applications) Department Procurement (Includes St (Attach RFR and Response or other procurement)		Amendment to Scope of Budget (https://document.com/scope/budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget)
		Contract Employee (Attach any updates to scope or budget)  Legislative/Legal or Other: (Attach authorizing language/justification and updated scope
scope and budget		registed filed with CTR and is incorporated by reterence into this contract.
The following COMMONWEALTH T  X Commonwealth Terms and Condi	lons Commonwealth Terms and	Conditions For Human and Social Services.  Lead to the conditions for Human and Services.  Lead to the conditions for Huma
Rate Contract (NO Maximum Coll X Maximum Obligation Contract	Enter Total Maximum Obligation for total duration	nuthorized performance accepted in accordance with the contract of the subject to intercept for Commonwealth owed debts under 815 CMR 9.00. ons, conditions or terms and any changes if rates or terms are being amended.) on of this Contract (or new Total if Contract is being amended). \$35,512.00 ough EFT 45 days from invoice receipt. Contractors requesting accelerated payments must owithin 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 4 within 15 days % PPD; Payment Ready Payments (G.L., C. 29, § 23A); only initial
identify a PPD as follows. Payment 30 days % PPD. If PPD percentage payment (subsequent payments scheme identified in the annually published Coreport accounting for how these grant ANTICIPATED START DATE: (Co. 1. may be incurred as of May 1. may	ses are left blank, identify reason: X agree to statuled to support standard EFT 45 day payment of the control	andord AE day once Stalling viewal or reduct a firm

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definitions, instructions and lega	I requirements that are incorporated by reterent noce For Vendors - Forms_or www.mass.gov/o	sd under OSD Forms.
	nce roi vanagio i simo	COMMONWEACHT DECARTAGE
CONTRACTOR LEGAL NAME: TOWN OF ACUSHNET		MMARS Department Code: ELD
Lengt Address: (W-9, W-4,T&C):		Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
122 MAIN ST ACUSHNET MA 02743-1548		Billing Address (if different):
Contract Manager: Heather Sylvia		Contract Manager: Stacey O'Connell
E-Mail: hsylvia@acushnet.ma.us	Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us
Phone: 508-998-0280		Phone:1-617-222-7419 Fax: 1-617-727-9368
Contractor Vendor Code: V C 6 0 0 0 1 9	1690	MMARS Doc ID(s): FY 18 C O A A cush net 0 0 0 0 0
Vendor Code Address ID (e.g. "AD001"):	AD <u>001</u> .	RFR/Procurement or Other ID Number; Grant Award
Note: The Address Id Must be set up for	EFT payments.)	CONTRACT AMENDMENT
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE	(Check one option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20
Statewide Contract (OSD or an OSD-de	signated Department)	AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)
Collective Purchase (Attach OSD appro Department Procurement (Includes Stat	P OF FEDERAL GIAINS O 13 OMIC E.O.	to Scope or Budget (Attach updated scope and budget)
A W E DED and December of Office Office	(Rement 2000olded cocontours)	Interim Contract (Attach justification for Interim Contract and updated scope/budget)
- Contract (Attach distilication	n for efficilestry, scope, budger	Tell Tell Tell Tell Tell Tell Tell Tell
Contract Employee (Attach Employmen X Legislative-Legal or Other: (Attach	SUMMISHIR HURAGENGSHOOM	Legislative/Legal or Other: (Attach authorizing language) usuncented and appear
scope and budget	RMS AND CONDITIONS (T&C) has been ex-	and budgery ecuted, filed with CTR and is incorporated by reference into this Contract. I Conditions For Human and Social Services.
1 <del>-</del>		authorized performance accepted in accordance with the terms of this Contract will be supported unds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
I is the elected accounting system by Stillic	Self appliabilities of age, then	in a set any character it (2005 of IATTIS AIR DRING difference)
Rate Contract (No Maximum Obligation	Aligni, Aligni delans of the lates, and duration	of this Contract (or new Total if Contract is being amended). \$22,601,00
X Maximum Obligation Contract El	ITEL TOTAL MAXIMUM Congenier to the	even SET 45 days from invoice receipt, Contractors requesting accelerated payments must
PROMPT PAYMENT DISCOUNTS (PF	(D): Commonwealth payments are issued the	ough EFT 45 days from invoice receipt. Contractors requesting accelerated payments must d within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within andard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial
I identify a PPD as follows: Payment iss	DEG WIRING TO GOVE	anderd 45 day cycle statutory/legal or Ready Payments (G.L. 6, 29, 9 25A).
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BRIEF DESCRIPTION OF CONTRACT the municipalities of the Commonwealth identified in the annually published COA	PERFORMANCE or REASON FOR AMEND.  The award amount is determined by a censulation from the activity performants.	is-based allocation of available grant funding. Fund may support Council on Aging activities as is-based allocation of available grant funding. Funding support Council on Aging activities as one period for this award is 7/1/2015;—6/30/2015. The municipality will complete a final fiscal one period funding is contingent on satisfactory prior year performance.
report accounting for how these grant fu	inds were applied. Ongoing eligibility for formu	ce period for this award is 77120 for 630120 to the grant funding is contingent on satisfactory prior year performance.  Contractor cartify for this Contract, or Contract Amendment, that Contract obligations:
	-lete ONE action only) The Denaminent aliu V	Olitiació certif tar ano communa
4 may be incurred as of the Effect	ive Date (latest signature date below) and <u>no c</u>	poligations have been interned by the state to the Sfleeting Date
a he incurred as of	a date LATER than the Enective Date of	elow and the obligations incurred prior to the Effective
X_3, were incurred as of July 1st,	as settlement payments or as authorized reimb	sursement payments, and that the details and circumstances of all obligations direct this
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ACUEDA OF THE BATE. Contract De	entermance shall tellulate as or guide over the	the minutes for the purpose of resolving any ciallit of dispute,
amended, provided that the terms of	this Contract and performance expectations and warranties, to allow any close out or trans	and obligations shall survive its termination for the purpose of recommendation performance, reporting, invoicing or final payments, or during any lapse between
tor completing any negotiated terms a amendments.	igu marrari.	turned about the latest date that this Confract or
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 Department, or a later Contract or Amendment Start Date specified above, subject to any required Contractor Certifications (incorporated by reference if not attached hereto) under the pains and Contractor Certifications (incorporated by reference if not attached hereto) under the pains and
and additional negotiated terms, pro	vided that additional negotiated terms will take	lended RFR or Response terms result in best value, lower costs, or a more cost elective costs
the process outlined in 801 CMR 21  AUTHORIZING SIGNATURE FOR	107, RICOIDOIAICA HOTOINI PROTITOR	/ Laura CONTRACTOR THE COMMONNEAL TH:
AUTHORIZING SIGNATURE FOR		X: Date: 2 - 18.  X: Visa A No (Re Handwritten At Time of Signature)
X J8 Male	Date: //0// &	(Signature and Date Wust be national at the state of the
Signature and Date Must Be Han	NOGALE	Print Name: Page V Con No. 1
Print Name: BRAN S. Print Title: TOWN	TIMINISTERATER	Print Title: At The Common of
Frant ride:	Control of the contro	



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CONTRACTOR LEGAL NAME;	dance For Vendors - Forms or www.mass.gov/	
COMERACIOR LEGAL NAME:		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Andria
TOWN OF ADAMS		MMARS Department Code: ELD
Legal Address: (W-9, W-4,T&C): 8 PARK ST ADAMS MA 01220-2053		Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
Contract Manager: Erica Girgenti		Billing Address (if different):
E-Mail: egirgenti@town.adams.ma.us		Contract Manager: Stacey O'Connell
Phone: 413-743-8333	Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us
Contractor Vendor Code: V C 6 0 0 0 1	91691	Phone:1-617-222-7419 Fax: 1-617-727-9368
Vendor Code Address ID (e.g. "AD001"		MMARS Doc ID(s): FY18COAAdams0000000
Note: The Address Id Must be set up for	or EFT payments.)	RFR/Procurement or Other ID Number: Grant Award
		CONTRACT AMENDMENT
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE	PF: (Check one option only)	Enter Current Contract End Date Prior to Amendment:, 20
Statewide Contract (OSD or an OSD-d		Enter Amendment Amount: \$ , (or "no change")
Callactive Burchase (Attach OSD appr	roval, scope, budget)	AMENDMENT TYPE: (Check one option only, Attach details of Amendment changes.)
Department Procurement (includes Sta	ate or Federal grants 815 CMR 2.00)	Amendment to Scope or Budget (Attach updated scope and budget)
(Attach RFR and Response or other pro Emergency Contract (Attach justificati	ocurement supporting documentation)	Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach Employme X Legislative/Legal or Other: (Attach	nt Status Form, scope, budget) h authorizing language/justification,	Contract Employee (Attach any updates to scope or budget) <u>Legislative/Legal or Other: (</u> Attach authorizing language/justification and updated scope and budget)
scope and budget The following COMMONWEALTH TO X_Commonwealth Terms and Condition	ERMS AND CONDITIONS (T&C) has been ex	ecuted, filed with CTR and is incorporated by reference into this Contract.  Conditions For Human and Social Services.
X Maximum Obligation Contract E PROMPT PAYMENT DISCOUNTS (P identify a PPD as follows: Payment is:	PD): Commonwealth payments are issued thr sued within 10 days % PPD; Payment issued with the large identify reason; X agree to state the payment of the paymen	ons, conditions or terms and any changes if rates or terms are being amended.) of this Contract (or <i>new</i> Total if Contract is being amended). \$21,146.00  ough EFT 45 days from invoice receipt. Contractors requesting accelerated payments must a within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within andard 45 day cycle statutory/legal or Ready Payments (G.t. c. 29, § 23A); only initial and See Promot Pay Discounts Policy.)
payment (subsequent payments scheduling payments scheduling)  BRIEF DESCRIPTION OF CONTRACT the municipalities of the Commonwealth	T PERFORMANCE or REASON FOR AMEND  The award amount is determined by a censure.	MENT: This contract is to locally distribute a formula grant award to the Councils on Aging of s-based allocation of available grant funding. Fundamay support Council on Aging activities as see period for this award is 7/1/2015 – 6/30/2012 The municipality will complete a final fiscal a grant funding is contingent on satisfactory prior year performance.
report accounting for how these grant to	unds were applied. Origonia enginery to torne	ontractor certify for this Contract, or Contract Amendment, that Contract obligations:
ANTICIPATED START DATE: (Com	spiete ONE option only) The Department and on	oligations have been incurred <b>prior</b> to the Effective <u>Date</u> .
2. may be incurred as of, 2 _X 3, were incurred as of, July 1st,		
Contract are attached and incorporated	d into this Contract. Acceptance of payments fo	rever releases the Commonwealth from further claims related to these obligations.  rever releases the Commonwealth from further claims related to these obligations.  properly obligations being incurred after this date unless the Contract is properly
contract END DATE: Contract positions amended, provided that the terms of for completing any negotiated terms a	erformance shall terminate as of June 30th,	to the detection of the communication of the purpose of resolving any claim or dispute, and obligations shall survive its termination for the purpose of resolving any claim or dispute, ion performance, reporting, invoicing or final payments, or during any lapse between
amendments.	and warranties, to allow any close out of transi	the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or

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COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs CONTRACTOR LEGAL NAME: MMARS Department Code: ELD TOWN OF AGAWAM Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108 \_egal Address: (W-9, W-4,T&C): 36 MAIN ST AGAWAM MA 01001-1801 Billing Address (if different): Contract Manager: Michael Squindo Contract Manager: Stacey O'Connell E-Mail: MSquindo@agawam.ma.us E-Mail: Stacey.O'Connell@MassMail.state.ma.us Fax: Phone: 413-821-0605 Fax: 1-617-727-9368 Phone:1-617-222-7419 Contractor Vendor Code: V C 6 0 0 0 1 9 1 6 9 2 MMARS Doc ID(s): FY18COAAgawam0000000 Vendor Code Address ID (e.g. "AD001"): AD<u>001</u>. RFR/Procurement or Other ID Number: Grant Award Note: The Address ld Must be set up for <u>EFT</u> payments.) CONTRACT AMENDMENT X NEW CONTRACT Enter Current Contract End Date Prior to Amendment: PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Enter Amendment Amount: \$\_\_\_\_\_. 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Collective Purchase (Attach OSD approval, scope, budget) Amendment to Scope or Budget (Attach updated scope and budget) Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) Interim Contract (Attach justification for Interim Contract and updated scope/budget) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach any updates to scope or budget) Contract Employee (Attach Employment Status Form, scope, budget) Legislative/Legal or Other: (Attach authorizing language/justification and updated scope X Legislative/Legal or Other: (Attach authorizing language/justification, and budget) The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract. scope and budget \_Commonwealth Terms and Conditions For Human and Social Services. X Commonwealth Terms and Conditions COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$67,524.90 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: X agree to standard 45 day cycle statutory/legal or Ready Payments (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 locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2017 - 6/30/2018. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance. ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: \_1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date. \_\_, 20 \_\_, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date. X 3, were incurred as of July 1st, 2017, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations. CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 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 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 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 amendments. 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 makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, 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 including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, 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: AUTHORIZING SIGNATURE FOR THE CONTRACTOR: Date: (Signature and Date Must Be Handwritten At Time of Signature)
Print Name: (Signature and Date Must Be Mandwritten At Time of Signature) Print Name: Milliam Print Title: Print Title: The state of the s

This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for agreements, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at

definitions, instructions and toget regards.	ents that are incorporated by total endors - Forms or www.mass.gov.	losd under OSD Forms.
	ONO CONTRACTOR OF CONTRACTOR O	COMMUNICACIONAL
CONTRACTOR LEGAL NAME: TOWN OF ALFORD	_	MMARS Department Code: ELD
A LL COMO MATRO	A1230-8920	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
Legal Address: (W-5, W-4, Tac): 5 ALFORD CENTER RD GREAT BARRINGTON MA	V 1200-0020	Billing Address (If different):
Contract Manager: Debbie Blackwell		Contract Manager: Stacey O'Conneil
E-Mail: alford@berkshire.net	Fax:	E-Mail: Stacey,O'Connell@MassMail.state.ma.us
Phone: 413-528-9238	Trax.	Phone:1-617-222-7419 Fax: 1-617-727-9368
Contractor Vendor Code: VC6000191687		MMARS Doc ID(s): FY18COAAlford000000
Vendor Code Address ID (e.g. "AD001"): AD001		RFR/Procurement or Other ID Number: Grant Award
Note: The Address Id Must be set up for <u>EFT</u> pay	ments.)	CONTRACT AMENDMENT
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check Statewide Contract (OSD or an OSD-designated	Department)	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.)
		1
Department Procurement (includes State or Feder (Attach RFR and Response or other procurement)		Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Emergency Contract (Attach justification for enter Contract Employee (Attach Employment Status F	orm, scope, budget) ng language/justification,	Contract Employee (Attach any updates to scope or budget) <u>Legislative/Legal or Other:</u> (Attach authorizing language/justification and updated scope
scope and budget	and a second	property filed with CTR and is incorporated by reference into this Contract.
The following COMMONWEALTH TERMS AN X Commonwealth Terms and Conditions	Commonwealth Terms a	nd Conditions For Human and Social Services.
in the state accounting system by sometime tapping Rate Contract (No Maximum Obligation. Att X Maximum Obligation Contract Enter Total PROMPT PAYMENT DISCOUNTS (PPD): Comidentify a PPD as follows: Payment issued within 30 days % PPD. If PPD percentages are left to payment (subsequent payments scheduled to supplement (subsequent payments scheduled to supplement).	ach details of all rates, units, calcular Maximum Obligation for total duration monwealth payments are issued to 10 days % PPD; Payment issued to 10 days % PPD; Payment issued to 10 days from the control of the contr	
identified in the annually published COAT of indicate report accounting for how these grant funds were ANTICIPATED START DATE: (Complete ON	applied. Ongoing eligibility for form coption only) The Department and latest signature date below) and manager and the LATER than the Effective Date below Date by the Effective Date by the Effectiv	nula grant funding is contingent on satisfactory prior year performance.  Contractor certify for this Contract, or Contract Amendment, that Contract obligations:  pobligations have been incurred prior to the Effective Date.  below and no obligations have been incurred prior to the Effective Date.  clow, and the parties agree that payments for any obligations incurred prior to the Effective clow, and the parties agree that payments for any obligations incurred prior to the Effective clow, and the parties agree that payments for any obligations incurred prior to the Effective clow, and the parties agree that payments for any obligations incurred prior to the Effective clow, and the parties agree that payments for any obligations incurred prior to the Effective clow.
Date are authorized to be made either as settled Contract are attached and incorporated into this CONTRACT END DATE: Contract performant amended, provided that the terms of this Contract performance and the contract per	Contract. Acceptance of payments so shall terminate as of <u>June 30th</u> ract and performance expectation nties, to allow any close out or tra	s forever releases the Commonwealth from further claims reacted by the Contract is properly h. 2018 with no new obligations being incurred after this date unless the Contract is properly s and obligations shall survive its termination for the purpose of resolving any claim or dispute, nsition performance, reporting, invoicing or final payments, or during any lapse between
amendments.  CERTIFICATIONS: Notwithstanding verbal of Amendment has been executed by an author approvals. The Contractor makes all certification penalties of perjury, agrees to provide any rebusiness in Massachusetts are attached or in	other representations by the particled signatory of the Contractor, thations required under the attached quired documentation upon request corporated by reference herein according the Instructions and Contract additional negotiated terms will tarporated herein, provided that any a STRACTOR:  Date 2/// GATTIME of Signature)	es, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or the Department, or a later Contract or Amendment Start Date specified above, subject to any required to Contractor Certifications (incorporated by reference if not attached hereto) under the pains and it to support compliance, and agrees that all terms governing performance of this Contract and doing cording to the following hierarchy of document precedence, the applicable Commonwealth Terms and cord Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, ke precedence over the relevant terms in the RFR and the Contractor's Response only if made using amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X:  (Signature and Date Must Be Handwritten At Time of Signature)  Print Name:  Print Title:

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definitions, instructions a	Ind legal requirements that are incorporated by foreithed er <u>Guidance For Vendors - Forms</u> or <u>www.mass.gov/os</u>	sd under OSD Forms.
	a Oddariso ve	COMMONAVERETH BET THE STATE OF T
CONTRACTOR LEGAL NAME: TOWN OF AMESBURY		MMARS Department Code; ELD
Long Address: (W-9, W-4,T&C):	013.2825	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
62 FRIEND ST AMESBURY MA 019		Billing Address (if different):
Contract Manager: Doreen Brother		Contract Manager: Stacey O'Connell
E-Mail: brothersd@amesburyma.g	Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us
Phone: 978-388-8138		Phone:1-617-222-7419 Fax: 1-617-727-9368
Contractor Vendor Code: V C 6 0		MMARS Doc ID(s): FY18COAAmesbury00000
<u>Vendor Code Address ID (</u> e.g. "A	D001"): AD <u>801</u> .	RFR/Procurement or Other ID Number: Grant Award
Note: The Address Id Must be se	t up for <u>er i payments.</u>	CONTRACT AMENDMENT
Statewide Contract (OSD or an (	N TYPE: (Check one option only) OSD-designated Department)	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20  Enter Amendment Amount: \$
The state of the s	O anntoval scool, oudden	AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)
1 - January & Dunney women't JiBCKM	des State or Federal grants 815 CMR 2.00) her procurement supporting documentation)	Amendment to Scope or Budget (Attach updated scope and budget)  Interim Contract (Attach justification for Interim Contract and updated scope/budget)
- Contract (Affects till	elitication for entierdelicy, acope, bedgey	the state of any undates to scope of business.
Contract Employee (Attach Employee)	oloyment Status Form, scope, budget) (Attach authorizing language/justification,	Legislative/Legal or Other: (Attach authorizing language) destination with a pro-
scope and budget	THE TERMS AND CONDITIONS (T&C) has been exe	ocuted filed with CTR and is incorporated by reference into this Contract.
The following COMMONWEA  X Commonwealth Terms and	ConditionsCommonwealth Terms and	Conditions For Human and Social Services.
in the state accounting system  Rate Contract (No Maximu  X Maximum Obligation Control  PROMPT PAYMENT DISCOUT  identify a PPD as follows: Payr  30 days % PPD, If PPD perc  payment (subsequent payments	my sufficient appropriate the model of the control	MICHT, This contact to the service of Acid activities as
the municipalities of the Commo	ned COA Formula Grant Guide. The activity performant	is-based allocation of available grant funding. Funds may support count is 17 ying a contract of this award is 7/1/2017 – 6/30/2018. The municipality will complete a final fiscal alla grant funding is contingent on satisfactory prior year performance.  Contractor certify for this Contract, or Contract Amendment, that Contract obligations:  Contractor certify for this Contract, or Contract Amendment, that Contract obligations:
ANTICIPATED START DATE	(Complete ONE option only) The Department and Ot	obligations have been incurred prior to the Effective Date.
1, may be incurred as of th	e Effective Date (latest signature date below) and no o	obligations have been incurred <u>prior</u> to the <u>Effective Date</u> .  below and <u>no</u> obligations have been incurred <u>prior</u> to the <u>Effective Date</u> .  by, and the parties agree that payments for any obligations incurred prior to the <u>Effective</u>
X 3, were incurred as of Ju	ny 1st, 2017, a date PRIOR to the Endard Date	oursement payments, and that the details and circumstances of all obligations under this
contract END DATE: Columnia amended, provided that the terminal any negotiated	ntract performance shall definitiate us or series of this Contract and performance expectations a terms and warranties, to allow any close out or transitions.	and obligations shall survive its termination for the purpose of resolving any dam of advance, reporting, invoicing or final payments, or during any lapse between
amendments		the the latest date that this Contract Of
Amendment has been exect approvals. The Contractor of penalties of perjury, agrees business in Massachusetts a Conditions, this Standard Conditional negotiated tell the process offmed in 801	nakes all certifications required under the attached of the provide any required documentation upon request to provide any required documentation upon request to a stached or incorporated by reference herein accommontract Form including the Instructions and Contractorms, provided that additional negotiated terms will take CMR 21.07, incorporated herein, provided that any am IE FØR THE CONTRACTOR:  Date: //31//8.  Be Handwritten At Time of Signature)	the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Department, or a later Contract or Amendment Start Date specified above, subject to any required Contractor Certifications (incorporated by reference if not attached hereto) under the pains and os support compliance, and agrees that all terms governing performance of this Contract and doing reding to the following hierarchy of document precedence, the applicable Commonwealth Terms and or Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, or precedence over the relevant terms in the RFR and the Contractor's Response only if made using nended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X:  Signature and Date fourt Be Handwritten At Time of Signature)  Print Name:  Print Title:
Print Title:	marking Mayor.	7100
1		

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www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs
CONTRACTOR LEGAL NAME:	MMARS Department Code; ELD
TOWN OF AMHERST	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
<u>Legal Address:</u> (W-9, W-4,T&C): 4 BOLTWOOD AVE AMHERST MA 01002-2301	
Contract Manager: Nancy H. Pagano	Billing Address (if different):
E-Mail: paganon@amherstma.gov	Contract Manager: Stacey O'Connell
	E-Mail: Stacey.O'Connell@MassMail.state.ma.us
Phone: 413-259-3114	Phone:1-617-222-7419 Fax: 1-617-727-9368
Contractor Vendor Code: V C 600 0 1 9 1 6 9 5	MMARS Doc ID(s): FY18COAAmherst000000
Vendor Code Address ID (e.g. "AD001"): AD001.	RFRIProcurement or Other ID Number: Grant Award
Note: The Address id Must be set up for <u>EFT</u> payments.)	CONTRACT AMENDMENT
X NEW CONTRACT	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20
PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	Finter Amendment Amount: \$ (or "no change")
Statewide Contract (OSD or an OSD-designated Department)	AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)
Collective Purchase (Attach OSD approval, scope, budget)  Department Procurement (includes State or Federal grants 815 CMR 2.00)  Department Procurement (includes State or Federal grants decumentation)	5 mandmont to Scope or Budget (Attach updated scope and budget)
A M. A. DED and December of other programment supporting documentations	Interim Contract (Attach justification for Interim Contract and updated scope/budget)
1 - Cantago (Attach institution for effections, Scope, Bugger)	. (e.gtdates to econo or budget)
Contract Employee (Attach Employment Status Form, scope, budget)  X Legislative/Legal or Other: (Attach authorizing language/justification,	Legislative/Legal or Other: (Attach authorizing language/justilication and apacition of the control of the cont
x Legislative/Legar of Other, (Attach data and San	and budget)
The following COMMONWEALTH TERMS AND CONDITIONS (1&C) has been ex	xecuted, filed with CTR and is incorporated by reference into this contact and social Services.
	authorized performance accepted in accordance with the terms of this Contract will be supported funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
identify a PPD as follows: Payment Issued within to day  30 days % PPD. If PPD percentages are left blank, identify reason: X agree to a payment (subsequent payments scheduled to support standard EFT 45 day payment  BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENT the award amount is determined by a cens	rough EFT 45 days from invoice receipt. Contractors requesting accelerated payments must ed within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial cycle. See Prompt Pay Discounts Policy.)  DMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of sus-based allocation of available grant funding. Funds Pay support Council on Aging activities as sus-based allocation of available grant funding.
report accounting for how these grant units were applied. Crigoria only The Department and	Contractor certify for this Contract, or Contract Amendment, that Contract obligations:
ANTICIPATED START DATE: (Complete One option only) The Department and no.  1. may be incurred as of the Effective Date (latest signature date below) and no.	obligations have been incurred prior to the Effective Date.
2. may be incurred as of, 20, a date LATER than the Effective Date be	slow, and the parties agree that payments for any obligations incurred prior to the <u>Litective</u>
amended, provided that the terms of this Contract and performance expectations for completing any negotiated terms and warranties, to allow any close out or trar	s and obligations shall survive its termination for the purpose of resolving any daily of dispute, istition performance, reporting, involcing or final payments, or during any lapse between
Amendment has been executed by an authorized signality of the other approvals. The Contractor makes all certifications required under the attached penalties of perjury, agrees to provide any required documentation upon request business in Massachusetts are attached or incorporated by reference herein accounts to the Contract Contract Form including the Instructions and Contract	es, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Department, or a later Contract or Amendment Start Date specified above, subject to any required Contractor Certifications (incorporated by reference if not attached hereto) under the pains and to support compliance, and agrees that all terms governing performance of this Contract and doing performance of this Contract and doing to the following hierarchy of document precedence, the applicable Commonwealth Terms and for Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, the precedence over the relevant terms in the RFR and the Contractor's Response only if made using mended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X:
	1

(Updated 1/4/2018) Page 1

12

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www.mass.gov/osc_under Guidance For Vendors - Forms_or www.mass.gov/o	SO UNDER USU PUBLIS.
ONTRACTOR LEGAL NAME:	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs
OWN OF ANDOVER	MMARS Department Code: ELD
. <u>egal Address: (W-9, W-4,T&amp;C):</u> 6 BARTLET ST ANDOVER MA 01810-3841	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
Contract Manager: Annmary I. Connor	Billing Address (if different):
-Mail: annmary.connor@andoverma.us	Contract Manager: Stacey O'Connell
Phone: 978-623-8225x7 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us
Contractor Vendor Code: V C 6 0 0 0 1 9 1 6 9 6	Phone:1-617-222-7419 Fax: 1-617-727-9368
/endor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY 18 COA Andover 000000
Note: The Address id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award
	CONTRACT AMENDMENT
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20
Statewide Contract (OSD or an OSD-designated Department)	Enter Amendment Amount: \$, (or "no change")
Collective Purchase (Attach OSD approval, scope, budget)	AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)
Department Procurement (includes State or Federal grants 815 CMR 2.00)	Amendment to Scope or Budget (Attach updated scope and budget)
Attach RFR and Response or other procurement supporting documentation)  Emergency Contract (Attach justification for emergency, scope, budget)	Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach Employment Status Form, scope, budget)	Contract Employee (Attach any updates to scope or budget)
X Legislative/Legal or Other: (Attach authorizing language/justification,	Legislative/Legal or Other: (Attach authorizing language/justification and updated scope
	and budget)
The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been exe	Conditions For Human and Social Services.
A Collision Modification and a service and a	
COMPENSATION: (Check ONE option): The Department certifies that payments for au	thorized performance accepted in accordance with the terms of this Contract will be supported
<u>COMPENSATION</u> : (Check ONE option): The Department certains that payments to do in the state accounting system by sufficient appropriations of the non-appropriate that	ids, subject to intercept for Commonwealth owed debts direct to 13 clinic 3.50.
in the state accounting system by sufficient appropriations of other non-appropriated in Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculation X Maximum Obligation Contract. Enter Total Maximum Obligation for total duration.	
X Maximum Obligation Contract Enter Total Waximum Obligation for total duration	of this contract (c. ).
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through	ugh <u>EFT</u> 45 days from invoice receipt. Contractors requesting accelerated payments must within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within add to the contract of the contract
identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued	within 15 days 7/6 FFD, Fayhient assed what 25 days  A FFD, Fayhient 15 days  A FFD, Fay
	Erit. This section to to locally dictability a formilla aliant awail in 100 your old our called of
the municipalities of the Commonwealth. The award amount is determined by a census	iENT: This contract is to locarly distribute a familiar specific for this guard is 7/1/2017 – 6/30/2018. The municipality will complete a final fiscal
i a a a a a a a a a a a a a a a a a a a	CHAIR MINISTER IS CONTRINGUIT ON CONSCIONALLY AND A TOTAL OF THE PROPERTY OF T
ANTICIPATED START DATE: (Complete ONE option only) The Department and Cor	fractor certify for this Contract, of Contract Americanism, that Contract configuration
1, may be incurred as of the Effective Date (latest signature date below) and no ob	Igations have been incurred prior to the Effective Date.
X 3. were incurred as of July 1st, 2017, a date PRIOR to the Effective Date deform	coment navenues and that the details and circumstances of all obligations under this
CONTRACT END DATE: Contract performance shall terminate as of June 30th, 20	MR with no new obligations being incurred after this date unless the Contract is properly debligations shall survive its termination for the purpose of resolving any claim or dispute,
amended, provided that the terms of this Contract and performance expectations an	dispute,
amended, provided that the terms of this Contract and performance expectations and for completing any negotiated terms and warranties, to allow any close out or transition.	on performance, reporting, invoicing or linal payments, or during any lapse both our
amendments.	The state of the State Contract of Amendment shall be the latest date that this Contract of
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the Design of the Contractor the Design of the Design of the Contractor the Design of the Design o	ne "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or epartment, or a later Contract or Amendment Start Date specified above, subject to any required process. Contifications (incorporated by reference if not attached hereto) under the pains and
Amendment has been executed by an authorized signatory or the Contractor, the De	partitions, or a later contract of reference if not attached hereto) under the pains and
approvals. The Contractor makes all certifications required under the attached on	ntractor <u>Certifications</u> (intolipotated by features in the carried state of this Contract and doing support compliance, and agrees that all terms governing performance of this Contract and doing to the following biggstry of document precedence, the applicable Commonwealth Terms and
business in Massachusetts are attached or incorporated by reference herein according	tupport compliance, and agrees that all terms goes the applicable <u>Commonwealth Terms and got the following hierarchy of document precedence, the applicable <u>Commonwealth Terms and the Contractor's Response</u> (RFR) or other solicitation, the Contractor's Response,</u>
Conditions, this Standard Contract Form including the Instructions and Contractor C	ig to the following melarary of document precedence, it is provided by the contractor's Response, confidence, over the relevant terms in the RFR and the Contractor's Response only if made using
and additional negotiated terms, provided that additional negotiated terms will take pr	ecedence over the relevant terms in the RFR and the Contractor's Response only if made using ded RFR or Response terms result in best value, lower costs, or a more cost effective Contract.
the process of fined in 201 CMR 21.07, incorporated herein, provided that any amen	ded KFK of Kesponse terms readily in the second sec
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	X: Date: 2-26-18
. Date: 1/36/18.	X: Date: Of Contract of Contra
(Signature and Date Must Be Handwritten At Time of Signature)	(Signature and Date Must be Hamos Michael A. C.
Print Name: Proclaw Hamaru.	Print Name.
Print Title: Town manylene.	Print Title:

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WANTINGS COMPACT CUIDOL CONTRACT I OF ACT	3055 7 0550		= U OSS FTI-dow ASS-lun-
CONTRACTOR LEGAL NAME: Town of Aquinnah		COMMONWEALTH DEPARTMENT NAME: MMARS Department Code: ELD	Executive Office of Elder Affairs
Legal Address: (W-9, W-4,T&C): 85 STATE RD AQUINNAH MA 02535-1345		Business Mailing Address: 1 Ashburton F	lace Room 517, Boston, MA 02108
Contract Manager: Joyce Albertine	,	Billing Address (if different):	
E-Mail: upicoa@comcast.net		Contract Manager: Stacey O'Connell	
Phone: 508-693-2896	Fax:	E-Mail: Stacey.O'Connell@MassMail.state.	ma.us
Contractor Vendor Code: VC6000191796	***************************************	Phone:1-617-222-7419	Fax: 1-617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD001.		MMARS Doc ID(s): FY18COAAquinn	ah00000
Note: The Address Id Must be set up for <u>EFT</u> payme	nts.)	RFR/Procurement or Other ID Number: Gra	
XNEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check on Statewide Contract. (OSD or an OSD-designated Dep Collective Purchase. (Attach OSD approval, scope, but Department Procurement. (includes State or Federal (Attach RFR and Response or other procurement supp Emergency Contract. (Attach justification for emerger Contract Employee. (Attach Employment Status Form X. Legislativefl.egal or Other: (Attach authorizing lessope and budget  The following COMMONWEALTH TERMS AND COX. Commonwealth Terms and Conditions  COMPENSATION: (Check ONE option): The Depart	artment) idget) grants <u>815 CMR 2.00</u> ) iorting documentation) icy, scope, budget) , scope, budget) nguage/justification,  DNDITIONS (T&C) has been exe	Enter Current Contract End Date <u>Prior</u> to Ar Enter Amendment Amount: \$	or "no change")  Aly, Attach details of Amendment changes.)  dated scope and budget)  im Contract and updated scope/budget)  cope or budget)  ng language/justification and updated scope  eference into this Contract.
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.)  X Maximum Obligation Contract. Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended.) \$5,000.00  PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 20 days % PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (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 locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds and payment council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2016 - 6/30/2016. The municipality will complete a final fiscal identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2016 - 6/30/2016. The municipality will complete a final fiscal		or terms are being amended.) amended). \$5,000.00 ors requesting accelerated payments must in 20 days % PPD; Payment issued within yments (G.L. c. 29, § 23A); only initial lagrant award to the Councils on Aging of final properties as the municipality will complete a final fiscal	
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Contract are attached and incorporated into this Contract CONTRACT END DATE: Contract performance sha amended, provided that the terms of this Contract a for completing any negotiated terms and warranties, amendments.	act. Acceptance of payments fore Il terminate as of <u>June 30th, 20</u> nd performance expectations and to allow any close out or transition	ver releases the Commonwealth from further daily 18 with no new obligations being incurred after to idobligations shall survive its termination for the n performance, reporting, invoicing or final payr	his date unless the Contract is properly purpose of resolving any claim or dispute, nents, or during any lapse between
CERTIFICATIONS: Notwithstanding verbal or other Amendment has been executed by an authorized si approvals. The Contractor makes all certifications in penalties of perjury, agrees to provide any required business in Massachusetts are attached or incorporate Conditions, this Standard Contract Form including the and additional negotiated terms, provided that additional negotiated terms, provided that additional negotiated terms, provided that additional process outlined in 801 CMR 21.07, incorporated AUTHORIZING SIGNATURE FOR THE CONTRACT X:  (Signature and Date Must Be Handwritten At Time Print Name:	gnatory of the Contractor, the Derequired under the attached Condocumentation upon request to sixted by reference herein according the Instructions and Contractor Contain negotiated terms will take pred herein, provided that any amend TOR:  Date: 1/10/18  e of Signature)	partment, or a later Contract of Ameriument state tractor Certifications (incorporated by reference upport compliance, and agrees that all terms gor g to the following hierarchy of document precede entifications, the Request for Response (RFR) o seedence over the relevant terms in the RFR and led RFR or Response terms result in best value, AUTHORIZING SIGNATURE FOR THE O X: (Signature and Data Must Be Handwritte	if hate specified above, duplet is any required in the pains and verning performance of this Contract and doing ence, the applicable <u>Commonwealth Terms and</u> or other solicitation, the Contractor's Response, of the Contractor's Response only if made using lower costs, or a more cost effective Contract.  COMMONWEALTH:

(Updated 1/4/2018) Page 1

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This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at

www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/osd under OSD Forms. COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs CONTRACTOR LEGAL NAME: MMARS Department Code: ELD TOWN OF ARLINGTON Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108 <u>Legal Address:</u> (**W-9, W-4,T&C**): 730 MASSACHUSETTS AVE ARLINGTON MA 02476-4906 Billing Address (if different): Contract Manager: Susan Carp Contract Manager: Stacey O'Connell E-Mail: scarp@town.arlington.ma.us E-Mail: Stacey.O'Connell@MassMail.state.ma.us Fax: Phone: 781-316-3401 Fax: 1-617-727-9368 Phone: 1-617-222-7419 Contractor Vendor Code: V C 6 0 0 0 1 9 1 6 9 8 MMARS Doc ID(s): FY18COAArlington0000 <u>Vendor Code Address ID (</u>e.g. "AD001"): AD<u>001</u>. RFR/Procurement or Other ID Number: Grant Award Note: The Address Id Must be set up for EFT payments.) **CONTRACT AMENDMENT** X NEW CONTRACT Enter Current Contract End Date Prior to Amendment: PROCUREMENT OR EXCEPTION TYPE: (Check one option only) \_, (or "no change") Enter Amendment Amount: \$\_\_ Statewide Contract (OSD or an OSD-designated Department) AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes State or Federal grants 815 CMR 2.00) Amendment to Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget) (Attach RFR and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach any updates to scope or budget) Contract Employee (Attach Employment Status Form, scope, budget) Legislative/Legal or Other: (Attach authorizing language/justification and updated scope X Legislative/Legal or Other: (Attach authorizing language/justification, and budget) The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract. scope and budget Commonwealth Terms and Conditions For Human and Social Services. X\_Commonwealth Terms and Conditions COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9,00. Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$90,356.00 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 30 days % PPD if PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (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 locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Fundampy support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/20167 6/30/2018. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance. ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: \_1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date , 20 , a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date. X 3. were incurred as of July 1st, 2017, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations. CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 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 for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments. CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, 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 including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, 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: AUTHORIZING SIGNATURE FOR THE CONTRACTOR: Date: d-\_, Date:<u>\_\_//2//8</u>, (Signature and Date Must Be Handwritten At Time of Signature)
Print Name: (Signature and Date Must Be Handwritten At Time of Signature) Print Name: **Print Title:** Print Title:

(Updated 1/4/2018) Page 1

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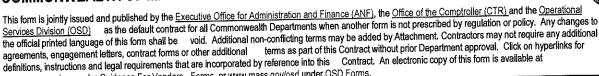


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www.mass.gov/osc under Guidance For Vendors - Forms_or www.mass.gov/osc	d under OSD Forms.  COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs
CONTRACTOR LEGAL NAME:	
TOWN OF ASHBURNHAM	MMARS Department Code: ELD  Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
Legal Address: (W-9, W-4,T&C): 32 MAIN ST ASHBURNHAM MA 01430-4202	
Contract Manager: Jan Robbins	Billing Address (If different):
E-Mail: jrobbins@ashbumham-ma.gov	Contract Manager: Stacey O'Connell
Phone: 978-827-5000 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us
Contractor Vendor Code: V C 6 0 0 0 1 9 1 6 9 9	Phone:1-617-222-7419 Fax: 1-617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD <u>001</u> .	MMARS Doc ID(s): FY18COAAshburnham000
Note: The Address Id Must be set up for EFT payments.)	RFR/Procurement or Other ID Number: Grant Award
	CONTRACT AMENDMENT
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20,
Statewide Contract (OSD or an OSD-designated Department)	Enter Amendment Amount: \$ (or "no change")
Collective Purchase (Attach OSD approval, scope, budget)	AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)
Department Procurement (includes State or Federal grants 815 CMR 2.00)	Amendment to Scope or Budget (Attach updated scope and budget)
Attach RFR and Response or other procurement supporting documentation)  Emergency Contract (Attach justification for emergency, scope, budget)	Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach Employment Status Form, scope, budget)	Contract Employee (Atlach any updates to scope or budget)  Legislative/Legal or Other: (Atlach authorizing language/justification and updated scope
X Legislative/Legal or Other: (Attach authorizing language/justification,	Legislative/Legal or Other: (Atlach authorizing languager)
scope and budget The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been exer	ruted filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions Commonwealth Terms and	Conditions ) of National Court of the Court
	thorized performance accepted in accordance with the terms of this Contract will be supported to intercent for Commonwealth owed debts under 815 CMR 9.00.
<u>COMPENSATION</u> : (Check ONE option): The Department certities that payments to a in the state accounting system by sufficient appropriations or other non-appropriated furnity of all retresponds to the complete of the comple	nds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
in the state accounting system by sufficient appropriations or other non-appropriated in  Rate Contract (No Maximum Obligation, Attach details of All rates, units accounting the state of the district of the state	ns, conditions or terms and any changes it rates or terms are being amended.)
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identify a PPD as follows: Payment issued within 10 days 76 PPD, Payment issued	ndard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial
the municipalities of the Commonwealth. The award amount is determined by a census	period for this award is 7/1/2018 - 6/30/2017 the municipality will complete a final fiscal
identified in the annually published COA Formula Grant Guide. The activity performance	grant funding is contingent on satisfactory prior year performance.
ANTICIPATED START DATE: (Complete ONE option only) The Department and Cor	stractor certify for this Contract, or Contract Amendment, that Contract obligations:
the Effective Date (Istart signature date below) and no ob	igations have been incurred <u>prior to</u> the <u>Effective Date</u> .
1. may be incurred as of the <u>Effective Date</u> hates signature dute being the <u>Effective Date below</u> 2. may be incurred as of	ow and no obligations have been incurred prior to the Effective Date.
	, and the parties agree that payments for any obligations incurred prior to the checker
Date are authorized to be made either as settlement payments of as authorized reinfoor	was releases the Commonwealth from further claims related to these obligations.
Contract are attached and incorporated into this Contract, Acceptance of payments let	MB with no new obligations being incurred after this date unless the Contract is properly the with no new obligations being incurred after this date unless the Contract is properly debligations shall survive its termination for the purpose of resolving any claim or dispute,
amended, provided that the terms of this Contract and performance expectations an	of obligations shall survive its termination for the purpose of resolving any claim or dispute, a performance reporting, invoicing or final payments, or during any lapse between
for completing any negotiated terms and warranties, to allow any close out of translate	on performance, reporting, invoicing or littal payments, or during any representation
amendments.	ne "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, to	perference of a later Contract or Amendment Start Date specified above, subject to any required perfect of Certifications (incorporated by reference if not attached hereto) under the pains and
Amendment has been executed by an administed signatory of the contractor, and approvals. The Contractor makes all certifications required under the attached contractor makes all certifications required under the certification of the contractor makes all certifications required under the certification of the certification o	partment, or a later contact of American to the pains and tractor Certifications (incorporated by reference if not attached hereto) under the pains and tractor Certifications and agrees that all terms governing performance of this Contract and doing
penalties of perjury, agrees to provide any required documentation upon request to s	the applicable Commonwealth Terms and
business in Massachusetts are attached or incorporated by reference herein according	to the Contractor's Response,
and additional negotiated terms, provided that additional negotiated terms will take pr	certifications, the Request for Response (VTR) of certifications. Sesponse only if made using ecodence over the relevant terms in the RFR and the Contractor's Response only if made using ded RFR or Response terms result in best value, lower costs, or a more cost effective Contract.
the process outlined in 801 CMR, 21.07, incorporated nerein, provided that any arries	THE CONTROL OF THE CO
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X: PARM AVER Pate: 2-26-18
X: 12 Date: 129/10	X: Date: Date: Of Signature)
(Signature and Date Must Be Handwritten At Time of Signature)	(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: Heather M Solver 12	Print Name:
Print Title: THEN ANALY CAN	Print Title: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
100000	

(Updated 1/4/2018) Page 1

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www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/osd under OSD Forms. COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs CONTRACTOR LEGAL NAME: MMARS Department Code: ELD TOWN OF ASHBY Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108 Legal Address: (W-9, W-4,T&C): O BOX 155 ASHBY MA 01431-0155 Billing Address (if different): Contract Manager: Marcia Zaniboni Contract Manager: Stacey O'Connell E-Mail: coa@ashbyma.gov E-Mail: Stacey.O'Connell@MassMail.state.ma.us Fax: Phone: 978-386-2424 Fax: 1-617-727-9368 Phone:1-617-222-7419 Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 0 0 <u>MMARS Doc ID(s):</u> FY18COAAshby00000000 Vendor Code Address ID (e.g. "AD001"): AD001. RFR/Procurement or Other ID Number: Grant Award Note: The Address ld Must be set up for <u>EFT payments.</u>) CONTRACT AMENDMENT X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Enter Current Contract End Date Prior to Amendment: , (or "no change") Statewide Contract (OSD or an OSD-designated Department) Enter Amendment Amount: \$\_\_ AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes State or Federal grants 815 CMR 2.00) Amendment to Scope or Budget (Attach updated scope and budget) (Attach RFR and Response or other procurement supporting documentation) Interim Contract (Attach justification for Interim Contract and updated scope/budget) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach any updates to scope or budget) Contract Employee (Attach Employment Status Form, scope, budget) Legislative/Legal or Other: (Attach authorizing language/justification and updated scope X Legislative/Legal or Other: (Attach authorizing language/justification, and budget) scope and budget The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract. Commonwealth Terms and Conditions For Human and Social Services. X Commonwealth Terms and Conditions COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$5,000,00 PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD, If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (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 locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2018 – 6/30/2018 the municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance. ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: \_1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date. \_\_\_\_\_2, may be incurred as of \_\_\_\_\_\_, 20 \_\_\_, a date LATER than the <u>Effective Date</u> below and <u>no\_obligations</u> have been incurred <u>prior</u> to the <u>Effective Date</u>.

X\_3, were incurred as of \_\_\_\_\_, 20 \_\_, a date <u>PRIOR</u> to the <u>Effective Date</u> below, and the parties agree that payments for any obligations incurred prior to the <u>Effective Date</u>. Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations. CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 with no new obligations being incurred after this date unless the Contract is amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments. CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, 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 including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, 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 AUTHORIZING SIGNATURE FOR THE CONTRACTOR: (Signature and Date) Must Be Handwritten Att Time of Signature)
Print Name:
Print Title: \_ Date: 2/7/18 Sout B. Hanson (Signature and Date Must Be Handwritten At Time of Signature) Print Name: ROBERT HANSON Print Title: TOWN ADMINISTRATOR.





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OWN OF ASHFIELD	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs
	MMARS Department Code: ELD  Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
Legal Address: (W-9, W-4,T&C): PO BOX 560 ASHFIELD MA 01330-0560	
Contract Manager: Cathy Buntin	Billing Address (if different):
E-Mail: director@sfseniorcenter.com	Contract Manager: Stacey O'Connell
Phone: 413-625-2502 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 0 2	Phone: 1-617-222-7419 Fax: 1-617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COAAshfield00000
Note: The Address Id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department)	CONTRACT AMENDMENT  Enter Current Contract End Date <u>Prior</u> to Amendment:, 20  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 State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)	Amendment to Scope or Budget (Attach updated scope and budget)
Emergency Contract (Attach justification for emergency, scope, budget)	Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach Employment Status Form, scope, budget)  X Legislative/Legal or Other: (Attach authorizing language/justification,	Contract Employee (Attach any updates to scope or budget) <u>Legislative/Legal or Other:</u> (Attach authorizing language/justification and updated scope and budget)
The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been exec	outed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Conditions Commonwealth Terms and Conditions	Conditions for Human and Social Services.
in the state accounting system by sufficient appropriations or other non-appropriated run  Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculation  Maximum Obligation Contract Enter Total Maximum Obligation for total duration of	of this Contract (or new Total if Contract is being amended). \$4.997.33
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must dentify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued	
30 days % PPD. If PPD percentages are left blank, identity reason: _x_agree to star payment (subsequent payments scheduled to support standard EFT 45 day payment cyc	le. See Prompt Pay Discounts Policy.)
30 days % PPD. If PPD percentages are left blank, identify reason: X agree to star payment (subsequent payments scheduled to support standard EFT 45 day payment cyc BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDM the municipalities of the Commonwealth. The award amount is determined by a census-identified in the annually published COA Formula Grant Guide. The activity performance report accounting for how these grant funds were applied. Ongoing eligibility for formula	le. See Prompt Pay Discounts Policy.)  ENT: This contract is to locally distribute a formula grant award to the Councils on Aging of based allocation of available grant funding. Fyrigh may support Council on Aging activities as period for this award is 7/1/20157-6/30/2018. The municipality will complete a final fiscal grant funding is contingent on satisfactory prior year performance.
30 days % PPD. If PPD percentages are left blank, identify reason: X agree to star payment (subsequent payments scheduled to support standard EFT 45 day payment cyc BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDM the municipalities of the Commonwealth. The award amount is determined by a census-identified in the annually published COA Formula Grant Guide. The activity performance report accounting for how these grant funds were applied. Ongoing eligibility for formula	le. See Prompt Pay Discounts Policy.)  ENT: This contract is to locally distribute a formula grant award to the Councils on Aging of based allocation of available grant funding. Fyrigh may support Council on Aging activities as period for this award is 7/1/20157-6/30/2018. The municipality will complete a final fiscal grant funding is contingent on satisfactory prior year performance.
30 days % PPD. If PPD percentages are left blank, identify reason: X agree to star payment (subsequent payments scheduled to support standard EFT 45 day payment cyc BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDM the municipalities of the Commonwealth. The award amount is determined by a census-identified in the annually published COA Formula Grant Guide. The activity performance report accounting for how these grant funds were applied. Ongoing eligibility for formula  ANTICIPATED START DATE: (Complete ONE option only) The Department and Con  1. may be incurred as of the Effective Date (latest signature date below) and no oblication of the commonwealth of the com	ide. See Prompt Pay Discounts Policy.)  ENT: This contract is to locally distribute a formula grant award to the Councils on Aging of based allocation of available grant funding. Further may support Council on Aging activities as period for this award is 7/1/2015 – 6/30/2016. The municipality will complete a final fiscal grant funding is contingent on satisfactory prior year performance.  It tractor certify for this Contract, or Contract Amendment, that Contract obligations: gations have been incurred prior to the Effective Date.  It and the parties agree that payments for any obligations incurred prior to the Effective payments and that the details and circumstances of all obligations under this
30 days % PPD. If PPD percentages are left blank, identify reason: X_agree to star payment (subsequent payments scheduled to support standard EFT 45 day payment cyc BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDM the municipalities of the Commonwealth. The award amount is determined by a census-identified in the annually published COA Formula Grant Guide. The activity performance report accounting for how these grant funds were applied. Ongoing eligibility for formula ANTICIPATED START DATE: (Complete ONE option only) The Department and Con1. may be incurred as of, 20, a date LATER than the Effective Date below 3. were incurred as of, 20, a date LATER than the Effective Date below 3. were incurred as of, 20, a date PRIOR to the Effective Date below 20, a date PRIOR to the Effective Date below 20, a date PRIOR to the Effective Date below 20, a date PRIOR to the Effective Date below 20	ide. See Prompt Pay Discounts Policy.)  ENT: This contract is to locally distribute a formula grant award to the Councils on Aging of based allocation of available grant funding. Furth may support Council on Aging activities as period for this award is 7/1/20157 - 6/30/2018. The municipality will complete a final fiscal grant funding is contingent on satisfactory prior year performance. tractor certify for this Contract, or Contract Amendment, that Contract obligations: gations have been incurred prior to the Effective Date. we and no obligations have been incurred prior to the Effective Date. and the parties agree that payments for any obligations incurred prior to the Effective sement payments, and that the details and circumstances of all obligations under this ver releases the Commonwealth from further claims related to these obligations.  18 with no new obligations being incurred after this date unless the Contract is properly to holigations shall survive its termination for the purpose of resolving any claim or dispute,

(Updated 1/4/2018) Page 1

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Thisformisjointlyissued and published bythe <a href="ExecutiveOfficeforAdministration">ExecutiveOfficeforAdministration</a> and Finance (ANF), the Office of the Comptroller (CTR) and the <a href="OperationalServicesDivision(OSD)">OperationalServicesDivision(OSD)</a> as the default contract for all Commonwealth Departments when another formisnot prescribed by regulation or policy. Any changes to the official printed language of this forms hall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available.

atwww.mass.gov/osc underGuidance ForVendors -Formsorwww.mass.gov/osdunder	enceintothisContract.An electroniccopyofthisformisavallable	
	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
CONTRACTOR LEGAL NAME: TOWN OF ASHLAND	MMARS DepartmentCode:ELD	
<u>LegalAddress</u> :(W-9,W-4,T&C): 101 MAIN STASHLANDMA01721-1193	BusinessMailing Address: 1 AshburtonPlace Room 517,Boston,MA 02108	
ContractManager: Joanne Duffy	BillingAddress(ifdifferent):	
E-Mail:jduffy@ashlandmass.com	ContractManager:Stacey O'Connell	
	E-Mail:Stacey.O'Connell@MassMail.state.ma.us	
<u>Phone</u> :508-881-0140	Phone:1-617-222-7419 Fax:1-617-727-9368	
	MMARS Doc ID(s): FY18COAAshiand000000	
VendorCode AddressiD(e.g. "AD001"):AD001.	RFR/ProcurementorOtherID Number:GrantAward	
Note: TheAddressid Mustbe setup for <u>EFT</u> payments.)	CONTRACTAMENDMENT	
RateContract(NoMaximumObligation.Attachdetailsotalirates,urints,catchautoris,cut X Maximum ObligationContractEnterTotal MaximumObligationfortotal duration PROMPTPAYMENTDISCOUNTS(PPD):Commonwealthpaymentsareissuedthroug	Enter CurrentContractEnd Date Prior to Amendment:,20  Enter AmendmentAmount:\$	
IfPPDpercentagesareleftbiank,identifyreason: X_agreetostandard4sdaycyclestature paymentsscheduledtosupportstandard EFT 45 daypayment cycle. SeePromptPayD BRIEFDESCRIPTION OF CONTRACT PERFORMANCE orREASON FOR AMEI themunicipalitiesoftheCommonwealth.The award amountisdetermined by a census-asidentifiedintheannuallypublished COA FormulaGrantGuide.The activityperformant flagstrandfacescriptingforbow these grantfundswerrannlied.Ongoingeligibilityforform	iscountsPolicy.)  IDMENT: Thiscontractistolocallydistribute a formulagrantawardtotheCouncilson Aging of basedallocation ofavailablegrantfunding. FundsmaysupportCouncilon Agingactivities ceperiodforthisawardis7/1/2016—6/30/2017. The municipalitywill complete a final ulagrantfundingiscontingenton satisfactoryprioryearperformance.	
ANTICIPATED START DATE:(Complete ONE optiononly)The Departmentand C	ontractorcertifyforthisContract,orContractAmendment,thatContractobilgations:	
WALLAR WIFF ALLOW STORY COMPANY STORY STORY		
1.maybe incurredasofthe Effective Date(latest signature date below) and no obligation 2.maybe incurred asof	nshave been incurred prior to the Effective Date.  w and no bligations have been incurred prior to the Effective Date.  I the parties agree that payments for any obligations incurred prior to the Effective ement payments, and that the details and circumstances of all obligations under this verrele as est the Common wealth from further claims related to the seo bligations.  mended, provided that the terms of this Contract and performance expectations and obligations shalls unvive it erms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, o	

(Lindated1/4/2018)Page1

PrintTitle:

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This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guid

CONTRACTOR LEGAL NAME: TOWN OF ATHOL		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs  MMARS Department Code: ELD		
<u>Legal Address:</u> (W-9, W-4,T&C): 584 MAIN ST ATHOL MA 0133-11824		Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108		
Contract Manager: Cathy A. Savoy		<u>Billing Address (it</u>	f different):	
E-Mail: coa@townofathol.org		Contract Manager	: Stacey O'Connell	
Phone: 978-249-8986	ax:	E-Mail: Stacey.O'	Connell@MassMail.state.i	ma.us
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 0 4		Phone:1-617-222-	7419	Fax: 1-617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD001.		MMARS Doc ID(s)	MMARS Doc ID(s): FY18COAAthol0000000	
Note: The Address id Must be set up for <u>EFT</u> payments.)		RFR/Procurement or Other ID Number: Grant Award		
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 State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget)		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 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)  Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)  cuted, filed with CTR and is incorporated by reference into this Contract.		
X Commonwealth Terms and Conditions	Commonwealth Terms and	Conditions For Human	and Social Services.	!
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.)  X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$23,387.00  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: X agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial				
payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See <a href="Percentage-Prompt Pay Discounts Policy">Prompt Pay Discounts Policy</a> .)  BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Fund (may) support Council on Aging activities in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2016 — 6/30/2012 The mynicipality will complete a final fisc report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.			f may support Council on Aging activities as be municipality will complete a final fiscal ear performance.	
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:				
CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.				
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains are penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doir business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms are Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response 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:  Print Name: Print Name: Print Name: Print Title:  Print Title: TOWN AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  Print Name: Print Name: Print Title:			t Date specified above, subject to any required if not attached hereto) under the pains and reming performance of this Contract and doing nce, the applicable Commonwealth Terms and rother solicitation, the Contractor's Response, I the Contractor's Response only if made using ower costs, or a more cost effective Contract.  COMMONWEALTH:  At Time of/Signature)	

(Updated 1/4/2018) Page 1

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This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guid

CONTRACTOR LEGAL NAME: CITY OF ATTLEBORO	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs  MMARS Department Code: ELD			
<u>Legal Address:</u> <b>(W-9, W-4,T&amp;C)</b> : 77 PARK ST ATTLEBORO MA 02703-2334	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108			
Contract Manager: Madeleine McNielly	Billing Address (if different):			
E-Mail: coa@cityofattleboro.us	Contract Manager: Stacey O'Connell			
Phone: 774-203-1900 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us			
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 7 2	Phone:1-617-222-7419 Fax: 1-617-727-9368			
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COAAttleboro0000			
Note: The Address Id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award			
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 State or Federal grants 815 CMR 2.00)  (Attach RFR and Response or other procurement supporting documentation)  Emergency Contract (Attach justification for emergency, scope, budget)  Contract Employee (Attach Employment Status Form, scope, budget)  X Legislative/Legal or Other: (Attach authorizing language/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 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)  Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)			
The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been exec X Commonwealth Terms and Conditions Commonwealth Terms and	cuted, filed with CTR and is incorporated by reference into this Contract. Conditions For Human and Social Services.			
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.)  X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$68,743.04  PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial				
payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See <a href="Prompt Pay Discounts Policy.">Prompt Pay Discounts Policy.</a> )  BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Furthermay support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2016 \$6/30/20 \$6 formula grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.				
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:				
CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.				
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, 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 including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, 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 1/4/2018) Page 1

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This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at

www.mass.gov/osc under Guidance For Vendors - Forms or www.mas	s.gov/osd under OSD Forms.			
CONTRACTOR LEGAL NAME: TOWN OF AUBURN	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs			
OWN OF AUBURN	MMARS Department Code: ELD			
Legal Address: (W-9, W-4,T&C): 104 CENTRAL ST AUBURN MA 01501-2343	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108			
Contract Manager: Jean Boulette	Billing Address (if different):			
E-Mail: jboulette@town.auburn.ma.us	Contract Manager: Stacey O'Connell			
Phone: 508-832-7799 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us			
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 0 6	Phone:1-617-222-7419 Fax: 1-617-727-9368			
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COAAuburn0000000			
Note: The Address Id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award			
X NEW CONTRACT	CONTRACT AMENDMENT			
PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20			
Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget)	Enter Amendment Amount: \$ (or "no change")			
Department Procurement (includes State or Federal grants 815 CMR 2.00)	AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)			
(Attach RFR and Response or other procurement supporting documentation)	Amendment to Scope or Budget (Attach updated scope and budget)			
Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget)	Interim Contract (Attach justification for Interim Contract and updated scope/budget)			
_X_Legislative/Legal or Other: (Attach authorizing language/justification,	Contract Employee (Attach any updates to scope or budget)  Legislative/Legal or Other: (Attach authorizing language/justification and updated scope			
scope and budget	and budget)			
The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been X Commonwealth Terms and Conditions Commonwealth Terms	n executed, filed with CTR and is incorporated by reference into this Contract. s and Conditions For Human and Social Services.			
in the state accounting system by sufficient appropriations or other non-appropriat <u>Rate Contract</u> (No Maximum Obligation. Attach details of all rates, units, calc <u>X. Maximum Obligation Contract</u> Enter Total Maximum Obligation for total duri	for authorized performance accepted in accordance with the terms of this Contract will be supported ted funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  utations, conditions or terms and any changes if rates or terms are being amended.)  ation of this Contract (or <i>new</i> Total if Contract is being amended). \$38,674.00  If through EFT_45 days from invoice receipt. Contractors requesting accelerated payments must			
identify a PPD as follows: Payment issued within 10 days % PPD; Payment is: 30 days % PPD. If PPD percentages are left blank, identify reason: X agree to payment (subsequent payments scheduled to support standard EFT 45 day payment).	sued within 15 days  % PPD; Payment issued within 20 days  % PPD; Payment issued within to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial and cycle. See Prompt Pay Discounts Policy.)			
the municipalities of the Commonwealth. The award amount is determined by a ce- identified in the annually published COA Formula Grant Guide. The activity perform report accounting for how these grant funds were applied. Ongoing eligibility for for				
ANTICIPATED START DATE: (Complete ONE option only) The Department and	d Contractor certify for this Contract, or Contract Amendment, that Contract obligations:			
1. may be incurred as of the Effective Date (latest signature date below) and n				
<u>Date</u> are authorized to be made either as settlement payments or as authorized reir Contract are attached and incorporated into this Contract. Acceptance of payments	below, and the parties agree that payments for any obligations incurred prior to the <u>Effective</u> mbursement payments, and that the details and circumstances of all obligations under this sorever releases the Commonwealth from further claims related to these obligations.			
CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 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 Cont Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any reapprovals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pair penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Term Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response 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 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 Contractor's Response of the Contractor's Response of the RFR or Response terms result in best value, lower costs, or a more cost effective Contractor's Response terms result in best value, lower costs, or a more cost effective Contractor's Response of the RFR or Response terms result in best value, lower costs, or a more cost effective Contractor's Response terms result in best value, lower costs, or a more cost effective Contractor's Response of the RFR or Response terms result in best value, lower costs, or a more cost effective Contractor's Response of the RFR or Response terms result in best value to the RFR or Response terms result in best value to the RFR or R				

(Updated 1/4/2018) Page 1

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This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at

www.mass.gov/osc under Guidance For Vendors - Forms_or www.mass.go	w/osd under OSD Forms.			
CONTRACTOR LEGAL NAME:	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs			
TOWN OF AVON	MMARS Department Code; ELD			
<u>Legal Address:</u> (W-9, W-4,T&C): 65 E MAIN ST AVON MA 02322-1435	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108			
Contract Manager: Gene Mazzella	Billing Address (if different):			
E-Mail: gmazzella@avon-ma.gov	Contract Manager: Stacey O'Connell			
Phone: 508-559-0060 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us			
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 0 8	Phone:1-617-222-7419 Fax: 1-617-727-9368			
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COAAvon000000000			
Note: The Address Id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award			
X NEW CONTRACT	CONTRACT AMENDMENT			
PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20			
Statewide Contract (OSD or an OSD-designated Department)	Enter Amendment Amount: \$ (or "no change")			
Collective Purchase (Attach OSD approval, scope, budget)  Department Procurement (Includes State or Federal grants 815 CMR 2.00)	AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)			
(Attach RFR and Response or other procurement supporting documentation)	Amendment to Scope or Budget (Attach updated scope and budget)			
Emergency Contract (Attach Justification for emergency, scope, budget)	Interim Contract (Attach justification for Interim Contract and updated scope/budget)			
Contract Employee (Attach Employment Status Form, scope, budget)  X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget	Contract Employee (Attach any updates to scope or budget) <u>Legislative/Legal or Other: (</u> Attach authorizing language/justification and updated scope and budget)			
The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been ex				
in the state accounting system by sufficient appropriations or other non-appropriated f <u>Rate Contract</u> (No Maximum Obligation. Attach details of all rates, units, calculate <u>X Maximum Obligation Contract</u> Enter Total Maximum Obligation for total duration	ons, conditions or terms and any changes if rates or terms are being amended.) of this Contract (or new Total if Contract is being amended). \$ <u>9,726.56</u>			
identify a PPD as follows: Payment Issued within 10 days % PPD; Payment Issued 30 days % PPD. If PPD percentages are left blank, identify reason: X agree to st payment (subsequent payments scheduled to support standard EFT 45 day payment c				
the municipalities of the Commonwealth. The award amount is determined by a censu- identified in the annually published COA Formula Grant Guide. The activity performand report accounting for how these grant funds were applied. Ongoing eligibility for formul	MENT: This contract is to locally distribute a formula grant award to the Councils on Aging of s-based allocation of available grant funding. Funds may support Council on Aging activities as be period for this award is 7/1/2017 – 6/30/2018. The municipality will complete a final fiscal a grant funding is contingent on satisfactory prior year performance.			
ANTICIPATED START DATE: (Complete ONE option only) The Department and Co	ntractor certify for this Contract, or Contract Amendment, that Contract obligations:			
1. may be incurred as of the Effective Date (latest signature date below) and no of	oligations have been incurred <u>prior</u> to the <u>Effective Date</u> .			
2. may be incurred as of, 20 _, a date LATER than the <u>Effective Date</u> below and <u>no</u> obligations have been incurred <u>prior</u> to the <u>Effective Date</u> .  X 3. were incurred as of				
CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.				
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, 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 including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotilated terms, provided that additional negotilated 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: Chair, Bock of Schetmen.	Print Title: 1 FCTVV CFO			

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This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Atlachment. Contractors may not require any additional agreements, entered from so or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at

www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/	osd under OSD Forms.			
CONTRACTOR LEGAL NAME:	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs			
TOWN OF AYER	MMARS Department Code: ELD			
Legal Address: (W-9, W-4,T&C):   MAIN ST AYER MA 01432-1365	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108			
Contract Manager: Karin Dynice-Swanfeld	Billing Address (if different):			
E-Mail: KDSWANY@aol.com	Contract Manager: Stacey O'Connell			
Phone: 978-772-8260 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us			
Contractor Vendor Code: V C 60 0 0 1 9 1 7 0 9	Phone:1-617-222-7419 Fax: 1-617-727-9368			
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc iD(s): FY 18 COA Ayer 00000000			
Note: The Address id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award			
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 State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been exe	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 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)  Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)  Cuted. (filed with CTR and is incorporated by reference into this Contract.			
X Commonwealth Terms and Conditions Commonwealth Terms and	Conditions For Human and Social Services.			
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.)  X. Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$11.436.00  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: X agree to standard 45 day cycle statutory/legal or Ready Payments (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 locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Fundingly support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2016; Che municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.				
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:				
1. may be incurred as of the Effective Date (latest signature date below) and no ob	igations have been incurred prior to the Effective Date.			
2. may be incurred as of, 20 _, a date LATER than the <u>Effective Date</u> below <u>X 3</u> , were incurred as of <u>July 1st, 2017</u> , a date PRIOR to the <u>Effective Date</u> below <u>Date</u> are authorized to be made either as settlement payments or as authorized relimbur Contract are attached and incorporated into this Contract. Acceptance of payments fore	, and the parties agree that payments for any obligations incurred prior to the <u>Effective</u> sement payments, and that the details and circumstances of all obligations under this over releases the Commonwealth from further claims related to these obligations.			
CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.				
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compilance, 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 including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X:				

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www.mass.gov/osc under Guidance i or ver	IGOIS - FOITIO G. WATERINGS STATE	The second secon	Office of Elder Affaire	
CONTRACTOR LEGAL NAME: OWN OF BARNSTABLE		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs  MMARS Department Code: ELD		
Legal Address: (W-9, W-4,T&C):		Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108		
67 MAIN ST HYÀNNÍS MA 02601-3919 Contract Manager: Madeline Noonan		Billing Address (if different):		
E-Mail: madeline.noonan@town.barnstable.ma.us		Contract Manager: Stacey O'Connell		
Phone: 508-862-4759	Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us		
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 1 0			-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.		MMARS Doc ID(s): FY18COABarnstable00	0	
Note: The Address Id Must be set up for <u>EFT</u> payme	nts.)	RFR/Procurement or Other ID Number: Grant Award		
		CONTRACT AMENDMENT		
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only)		Enter Current Contract End Date Prior to Amendment:, 20		
Statewide Contract (OSD or an OSD-designated Dep	artment)	Enter Amendment Amount: \$ (or "no change")		
Collective Purchase (Attach OSD approval, scope, b	udget)	AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)		
Department Procurement (includes State or Federal (Attach RFR and Response or other procurement supp	grants 815 GMR 2.00)	Amendment to Scope or Budget (Attach updated scope and budget)		
Emergency Contract (Attach justification for emerge	ncy, scope, budget)	Interim Contract (Attach justification for Interim Contract		
Contract Employee (Attach Employment Status Form	ı, scope, budget)	Contract Employee (Attach any updates to scope or but Legislative/Legal or Other: (Attach authorizing language	udget)  ge/justification and updated scope	
X Legislative/Legal or Other: (Attach authorizing to scope and budget		and hudget)		
The following COMMONWEALTH TERMS AND C X_Commonwealth Terms and Conditions	ONDITIONS (T&C) has been exer	cuted, filed with CTR and is incorporated by reference Conditions For Human and Social Services.	into this Contract.	
COMPENSATION: (Check ONE option): The Depar in the state accounting system by sufficient appropria	Iment certifies that payments for au ations or other non-appropriated fur	thorized performance accepted in accordance with the terrids, subject to intercept for Commonwealth owed debts un	re being amended.)	
V Maximum Obligation Contract Enter Total Max	(imum obligation for total duration)	Il fills contract for new total a contract is some and	/· ·	
identify a PPD as follows: Payment issued within 10 30 days % PPD. If PPD percentages are left blank	days % PPD; Payment issued (, identify reason: X_agree to stall c trandard EET 45 day payment cyl	igh <u>EFT</u> 45 days from invoice receipt. Contractors reque within 15 days % PPD; Payment issued within 20 days idard 45 day cycle statutory/legal or Ready Payments ( <u>Cale</u> Je, See Prompt Pay <u>Discounts Policy</u> .)	G.L. c. 29, § 23A); only initial	
BRIEF DESCRIPTION OF CONTRACT PERFORMA the municipalities of the Commonwealth. The award	NCE or REASON FOR AMENDA amount is determined by a census	IENT: This contract is to locally distribute a formula grant a based allocation of available grant funding. Fulfils may superiod for this award is 7/1/2018 – 6/30/2019 The munic grant funding is contingent on satisfactory prior year performance.	ipality will complete a final fiscal	
report accounting for now these grant fullos were app	tion only) The Department and Cor	tractor certify for this Contract, or Contract Amendment, the	at Contract obligations:	
t to and the Effective Date (later	t cinnature date helow) and no ob-	igations have been incurred <b>prior</b> to the Effective Date.		
, 20 , a date l , 20 , a date l , 3, were incurred as of, 2017 , a date , a date l , 2017 , a date l	_ATER than the <u>Effective Date</u> below PRIOR to the <u>Effective Date</u> below payments or as authorized reimbur	ow and <u>no obligations have been interied but the terms</u> , and the parties agree that payments for any obligations in sement payments, and that the details and circumstances	of all obligations under this	
Date are authorized to be made either as settlement payments or as authorized reinibulsement payments, and that the detailed to these obligations.  Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.  CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 with no new obligations being incurred after this date unless the Contract is proper amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or 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.			of resolving any claim or dispute, during any lapse between	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest of Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached herein approvals). The Contractor makes all certifications required under the attached Contractor Certifications, (incorporated by reference if not attached herein penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Conditional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response terms result in best value, lower costs, or a more 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 AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:			attached hereto) under the pains and performance of this Contract and doing applicable Commonwealth Terms and colicitation, the Contractor's Response, ntractor's Response only if made using sts, or a more cost effective Contract.  NWEALTH:  Date: 2-26-18  ne of Signature)	
I.,			/	

(Updated 1/4/2018) Page 1

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This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at <a href="https://www.mass.gov/osc">www.mass.gov/osc</a> under Guidance For Vendors - Forms or <a href="https://www.mass.gov/osc">www.mass.gov/osc</a> under OSD Forms.

CONTRACTOR LEGAL NAME:	nce For Vendors - Forms_or www.mass.gov		
CONTRACTOR LEGAL INTER		COMMINICATE CONTRACTOR	
TOWN OF BARRE		MMARS Department Code: ELD	
l enal Address: (W-9, W-4,T&C):		Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
40 WEST ST BARRE MA 01005-9289		Billing Address (if different):	
Contract Manager: Lorraine Leno		Contract Manager: Stacey O'Connell	
E-Mail: coa@townofbarre.com	Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Phone: 978-355-5004		Phone:1-617-222-7419 Fax: 1-617-727-9368	
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 1 1  Vendor Code Address ID (e.g. "AD001"): AD001.		MMARS Doc ID(s): FY18COABarre0000000	
		RFR/Procurement or Other ID Number: Grant Award	
Note: The Address id Must be set up for EFT payments.)		CONTRACT AMENDMENT	
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 State or Federal grants 815 CMR 2.00)  (Attach RFR and Response or other procurement supporting documentation)		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 charament to Scope or Budget (Attach updated scope and budget)  Interim Contract (Attach justification for Interim Contract and updated scope/budget)	
Emergency Contract (Attach justification Contract Employee (Attach Employmen  Valentiatival enal or Other (Attach	t Status Form, scope, budget) authorizing language/justification,	Contract Employee (Attach any updates to scope or budget)  Legislative/Legal or Other: (Attach authorizing language/justification and updated s	
scope and budget  The following COMMONWEALTH TE	RMS AND CONDITIONS (T&C) has been e	and budget)  n executed, filed with CTR and is incorporated by reference into this Contract.  and Conditions For Human and Social Services.  for authorized performance accepted in accordance with the terms of this Contract will be sup- ed funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.	
PROMPT PAYMENT DISCOUNTS (PF identify a PPD as follows: Payment iss 30 days % PPD. If PPD percentages payment (subsequent payments schedu BRIEF DESCRIPTION OF CONTRACT the municipalities of the Commonwealth identified in the appuality published CDA	PD: Commonwealth payments are issued to used within 10 days % PPD; Payment issuare left blank, identify reason: X agree to led to support standard EFT 45 day payment PERFORMANCE or REASON FOR AME!  The award amount is determined by a cent of the payment of the payment is the payment of the payment is the payment of the payment is determined by a cent of the payment is determined by a cent of the payment is determined by a cent of the payment is the payment is determined by a cent of the payment is a payment is a payment in the payment is a payme	ed funds, subject to intercept for Commonwealth owed destrict and a fundamental part of the conditions or terms and any changes if rates or terms are being amended.)  attorned this Contract (or new Total if Contract is being amended). \$8,438.02  if through EFT 45 days from invoice receipt. Contractors requesting accelerated payments issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial control of the Council on Aging activity.  ENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging activity and the council of available grant funding. Funds may support Council on Aging activity mance period for this award is 7/1/2016 6/30/2018. The municipality will complete a final fishermula grant funding is contingent on satisfactory prior year performance.	
report accounting for now these grant to  ANTICIPATED START DATE: (Com  1. may be incurred as of the Effect  2. may be incurred as of	plete ONE option only) The Department and ive Date (latest signature date below) and no	nd Contractor certify for this Contract, or Contract Amendment, that Contract obligations.  no obligations have been incurred prior to the Effective Date.  ate below and no obligations have been incurred prior to the Effective Date.	
Date are sufficient to be made either	as authorized rein	eimbursement payments, and that the details and circumstances of all obligations.	
Date are authorized to be made during Contract are attached and incorporated CONTRACT END DATE: Contract per amended, provided that the terms of the contract per any periodisted terms at the contract periodist any periodisted terms at the contract periodisted terms at the contr	as settlement payments or as authorized reir as settlement payments or as authorized reir into this Contract. Acceptance of payments enformance shall terminate as of June 30th this Contract and performance expectation and warranties, to allow any close out or tra	below, and the parties agree that payments for any obligations intortied by the parties agree that payments for any obligations into the payments, and that the details and circumstances of all obligations under this at forever releases the Commonwealth from further claims related to these obligations. The polynome is the contract is proportied, and obligations shall survive its termination for the purpose of resolving any claim or transition performance, reporting, invoicing or final payments, or during any lapse between reflective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment Start Date specified above, subject to an the Department, or a later Contract or Amendment Start Date specified above, subject to an	

This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at <a href="https://www.mass.gov/osc">www.mass.gov/osc</a> under Guidance For Vendors - Forms or <a href="https://www.mass.gov/osc">www.mass.gov/osc</a> under OSD Forms.

CONTRACTOR LEGAL NAME:	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs			
TOWN OF BECKET	MMARS Department Code: ELD			
<u>Legal Address: (W-9, W-4,T&amp;C):</u> 557 MAIN ST BECKET MA 01223-9404	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108			
Contract Manager: Joan Moylan	Billing Address (if different):			
E-Mail: coa@townofbecket.org	Contract Manager: Stacey O'Connell			
Phone: 413-623-8934 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us			
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 1 2	<u>Phone</u> :1-617-222-7419 Fax: 1-617-727-9368			
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY 18 COABecket 0000000			
Note: The Address Id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award			
COMPENSATION: (Check ONE option): The Department certifies that payments for at in the state accounting system by sufficient appropriations or other non-appropriated fur Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculation Maximum Obligation Contract Enter Total Maximum Obligation for total duration of the Department of	Conditions For Human and Social Services.  Ithorized performance accepted in accordance with the terms of this Contract will be supported ands, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. as, conditions or terms and any changes if rates or terms are being amended.) of this Contract (or new Total if Contract is being amended). \$5,000.00			
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: X agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)  PRIED DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging				
the municipalities of the Commonwealth. The award amount is determined by a census- identified in the annually published COA Formula Grant Guide. The activity performance report accounting for how these grant funds were applied. Ongoing eligibility for formula	based allocation of available grant funding. Funds may support Council on Aging activities as period for this award is 7/1/2017 – 6/30/2018. The municipality will complete a final fiscal grant funding is contingent on satisfactory prior year performance.			
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:				
CONTRACT END DATE: Contract performance shall terminate as of <u>June 30th, 2018</u> with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.				
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and or business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response 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 to 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 Contractor's Response terms result in best value, lower costs, or a more cost effective Contractor's Response terms result in best value, lower costs, or a more cost effective Contractor's Response terms result in best value, lower costs, or a more cost effective Contractor's Response terms result in best value, lower costs, or a more cost effective Contractor's Response terms result in best value, lower costs, or a more cost effective Contractor's Response terms result in best value, lower costs, or a more cost effective Contractor's Response (RFR) or Date:  X:				

This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to as the default contract form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/osd under OSD Forms.

definitions, instructions and regal requirements and a few mass gov/os www.mass.gov/osc under Guidance For Vendors - Forms_or www.mass.gov/osc	ad under OSD Forms.		
CONTRACTOR LEGAL NAME:	COMMUNICACION DEPARTMENT GAME		
TOWN OF BEDFORD	MMARS Department Code: ELD		
<u>Legal Address:</u> ( <b>W-9, W-4,T&amp;C)</b> : 10 MUDGE WAY BEDFORD MA 01730-2193	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108		
10 MUDGE WAY BEDFORD MACYTODE 180  Contract Manager: Alison Cservenschi	Billing Address (if different):		
	Contract Manager: Stacey O'Connell		
E-Mail: acservenschi@bedfordma.gov	E-Mail: Stacey.O'Connell@MassMail.state.ma.us		
<u>Pnone:</u> 781-215-0025	Phone:1-617-222-7419 Fax: 1-617-727-9368		
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 1 3	MMARS Doc ID(s): FY18COABedford000000		
Vendor Code Address ID (e.g. "AD001"): AD001.	RFR/Procurement or Other ID Number: Grant Award		
Note: The Address Id Must be set up for <u>EFT</u> payments.)	CONTRACT AMENDMENT		
X NEW CONTRACT	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20		
PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	[ or "no change"]		
Statewide Contract (OSD or an OSD-designated Department)	AMENDMENT TYPE: (Check one option only, Attach details of Amendment changes)		
Collective Purchase (Attach OSD approval, scope, budget)  Department Procurement (includes State or Federal grants 815 CMR 2.00)	4 manufacent to Scope or Burdget (Attach updated scope and budget)		
(AMonth DED and Decrease of other producement supporting documentation)	Interim Contract (Attach justification for Interim Contract and updated scope/budget)		
Expression Contract (Attach institication for emergency, scope, budger)	.m s (Alica h annumedates to scope of hildset)		
Contract Employee (Attach Employment Status Form, scope, budget)  X Legislative/Legal or Other: (Attach authorizing language/justification,	Legislative/Legal or Other: (Attach authorizing ranguage/justilication and appealed		
scope and budget	and budget)		
The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been exe	Conditions For Human and Social Services.		
X Commonwealth Terms and Conditions  COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  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.)  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.)  **X Maximum Obligation Contract**  Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended).			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through FT 45 days from invoice receipt. Contractors requesting 20 days % PPD; Payment issued within 15 days % PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial			
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT. This contract is to location of available grant funding. Funding support Council on Aging activities as the municipalities of the Commonwealth. The award amount is determined by a consus-based allocation of available grant funding. Funding support Council on Aging activities as the municipalities of the Commonwealth. The award amount is determined by a consustance period for this award is 7/1/2010 6/30/2010 for municipality will complete a final fiscal identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2010 for published COA Formula Grant Guide. The activity performance period for this award is 7/1/2010 for published COA Formula Grant Guide. The activity performance period for this award is 7/1/2010 for published COA Formula Grant Guide. The activity performance period for this award is 7/1/2010 for published COA Formula Grant Guide. The activity performance period for this award is 7/1/2010 for published COA Formula Grant Guide. The activity performance period for this award is 7/1/2010 for published COA Formula Grant Guide. The activity performance period for this award is 7/1/2010 for published COA Formula Grant Guide. The activity performance period for this award is 7/1/2010 for published COA Formula Grant Guide. The activity performance period for this award is 7/1/2010 for published COA Formula Grant Guide.			
report accounting for now triese grant torius were applied. Only only The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:			
2, may be incurred as of, 20 , a date LATER than the Effective Date below X 3, were incurred as of, 20 , a date PRIOR to the Effective Date below X 3, were incurred as of, 20 and 2	w, and the parties agree that payments for any obligations incurred prior to the <u>Effective</u> w, and the parties agree that payments for any obligations incurred prior to the <u>Effective</u> ursement payments, and that the details and circumstances of all obligations under this		
O - the standard and incomorated this continue. Acceptance of payment	I Describe date unlocated Contract IS DIOCHIV		
Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from future trains total contract of the contract is properly  CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 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, 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, 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, amended, provided that the terms of this Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations of the purpose of resolving any claim or dispute, amended, provided that the terms of this Contract and performance expectations and obligations of the purpose of resolving any claim or dispute, amended, provided that the terms of this Contract is properly amended.			
amendments.	the state of the latest date that this Contract or		
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 Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required Amendment has been executed by an authorized signatory of the Contractor Certifications (incorporated by reference if not attached hereto) under the pains and approvals. The Contractor makes all certifications required under the attached Contractor Certifications, and agrees that all terms governing performance of this Contract and doing penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing penalties of perjury, agrees to provide any required under the attached Contractor Certifications, incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence over the relevant terms in the RFR on			
Print Title: 1000 Manager	Print Title: The Control of the Cont		

This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at <a href="https://www.mass.gov/osc/">www.mass.gov/osc/</a> under OSD Forms.

WWW.fridos.gov/bac disact Cardanact of to	Adolo Tollio of HMM allabordow	AND THE POST OFFI	21	
CONTRACTOR LEGAL NAME: TOWN OF BELCHERTOWN		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs		
Legal Address: (W-9, W-4, T&C):		+	MMARS Department Code: ELD  Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
PO BOX 607 BELCHERTOWN MA 01007-0607		<u>Daomoco maning</u>	Dusiness Mailing Address. 1 Ashburton Place Room 317, Boston, MA 02100	
Contract Manager; William Korzenowski		<u>Billing Address (i</u>	• • • • • • • • • • • • • • • • • • • •	
E-Mail: bkorzenowski@belchertown.org		Contract Manage	r: Stacey O'Connell	
Phone: 413-323-0420x503	Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us		ma.us
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 1 4		Phone:1-617-222-	I.i	Fax: 1-617-727-9368
<u>/endor Code Address ID (</u> e.g. "AD001"): AD <u>001</u> .		MMARS Doc ID(s	MMARS Doc iD(s): FY18COABelchertown00	
Note: The Address Id Must be set up for <u>EFT</u> payments.)		RFR/Procurement or Other ID Number: Grant Award		
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only)			CONTRACT AMENDMENT  Enter Current Contract End Date <u>Prior</u> to Amendment:, 20	
Statewide Contract (OSD or an OSD-designated Dep Collective Purchase (Attach OSD approval, scope, but		Enter Amendment Amount: \$ (or "no change")		
Department Procurement (includes State or Federal	grants 815 CMR 2.00)	AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)  Amendment to Scope or Budget (Attach updated scope and budget)		
(Attach RFR and Response or other procurement supp				m Contract and updated scope/budget)
Emergency Contract (Attach justification for emergen Contract Employee (Attach Employment Status Form		,	ee (Attach any updates to so	
X Legislative/Legal or Other: (Attach authorizing la		Legislative/Legal		g language/justification and updated scope
scope and budget The following COMMONWEALTH TERMS AND CO	MOITIONS (TRC) has been eve	and budget)	and is incorporated by re	oference into this Contract
X Commonwealth Terms and Conditions	Commonwealth Terms and			Note that and conduct.
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.)  X. Maximum Obligation Contract. Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$23,377.00  PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments muldentify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 15 days color statutory/legal or Ready Payments (G.i. c. 29, § 23A); only initial			debts under 815 CMR 9.00.  r terms are being amended.)  amended}. \$23,377.00  ors requesting accelerated payments must  1 20 days  % PPD; Payment issued within	
payment (subsequent payments scheduled to support standard EFT 45 day payment cycle  BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDME the municipalities of the Commonwealth. The award amount is determined by a census-bidentified in the annually published COA Formula Grant Guide. The activity performance p		ENT: This contract is based allocation of av	to locally distribute a formul ailable grant funding. Fund	f may support Council on Aging activities as
report accounting for how these grant funds were applied	ed. Ongoing eligibility for formula	grant funding is contin	gent on satisfactory prior ye	ar performance.
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				
2. may be incurred as of, 20 , a date LA_X_3. were incurred as of, 2017, a date PI	RIOR to the <u>Effective Date</u> below, syments or as authorized reimburs	and the parties agree sement payments, and	that payments for any oblig I that the details and circum	pations incurred prior to the <u>Effective</u> stances of all obligations under this
CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 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 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 approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contractor business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealt Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor 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 in 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 AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X:		Date specified above, subject to any required if not attached hereto) under the pains and eming performance of this Contract and doing ace, the applicable Commonwealth Terms and other solicitation, the Contractor's Response only if made using ower costs, or a more cost effective Contract.  OMMONWEALTH:		
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(Updated 1/4/2018) Page 1

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This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at

www.mass.gov/osc under Guidance For Vendors - Forms\_or www.mass.gov/osd under OSD Forms. COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs CONTRACTOR LEGAL NAME: MMARS Department Code: ELD OWN OF BELMONT Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108 <u>Legal Address: (W-9, W-4,T&C):</u> PO BOX 56 BELMONT MA 02478-0900 Billing Address (if different): Contract Manager: Nava Niv-Vogel Contract Manager: Stacey O'Connell E-Mail: nnivvogel@belmont-ma.gov E-Mail: Stacey.O'Conneil@MassMail.state.ma.us Fax: Phone: 617-993-2970 Fax: 1-617-727-9368 Phone:1-617-222-7419 Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 1 7 MMARS Doc ID(s): FY18COABelmont000000 Vendor Code Address ID (e.g. "AD001"): AD<u>001</u>. RFR/Procurement or Other ID Number: Grant Award Note: The Address ld Must be set up for <u>EFT</u> payments.) CONTRACT AMENDMENT X NEW CONTRACT Enter Current Contract End Date Prior to Amendment: \_ PROCUREMENT OR EXCEPTION TYPE: (Check one option only) \_, (or "no change") Enter Amendment Amount: \$\_\_\_\_ Statewide Contract (OSD or an OSD-designated Department) AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.) Collective Purchase (Attach OSD approval, scope, budget) Amendment to Scope or Budget (Attach updated scope and budget) Department Procurement (includes State or Federal grants 815 CMR 2.00) Interim Contract (Attach justification for Interim Contract and updated scope/budget) (Attach RFR and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach any updates to scope or budget) Contract Employee (Attach Employment Status Form, scope, budget) Legislative/Legal or Other: (Attach authorizing language/justification and updated scope X Legislative/Legal or Other: (Attach authorizing language/justification, and budget) The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract. scope and budget Commonwealth Terms and Conditions For Human and Social Services. X Commonwealth Terms and Conditions COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$50,858.03 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: X agree to standard 45 day cycle statutory/legal or Ready Payments (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 locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Fundamentally support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 71/12010 — 6/30/20 The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is confingent on satisfactory prior year performance. ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: \_\_\_1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date , 20 , a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date. X 3. were incurred as of July 1st, 2017, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations. CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 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 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 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 amendments. 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 makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, 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 including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, 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 AUTHORIZING SIGNATURE FOR THE CONTRACTOR: w. Date: 2-1-18 X. Date: d. Signature and Date Must Be Handwritten At Tiffe of Signature) , Date: 1/18/16. (Signature and Date Must Be Handwritten At Time of Signature) LONNE Print Name: Print Name: Patrie Garvin Print Title: Joen A amistan Print Title:

(Updated 14/2018) Page 1

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This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/osc under OSD Forms</a>.

		AND THE RESERVE OF THE PROPERTY OF THE PROPERT		
CONTRACTOR LEGAL NAME: TOWN OF BERLIN		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs  MMARS Department Code: ELD		
<u>Legal Address:</u> ( <b>W-9, W-4,T&amp;C):</b> 23 LINDEN ST STE 8 BERLIN MA 01503-1669		Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108		
Contract Manager: George Pendergast		Billing Address (if different):		
E-Mail: coa@townofberlin.com;		Contract Manager: Stacey O'Connell	-	
Phone: 978-838-2750	Fax:	E-Mail: Stacey.O'Connell@MassMail.state	.ma.us	
Contractor Vendor Code: VC 6 0 0 0 1 9 1 7 2 0		Phone:1-617-222-7419	Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.		MMARS Doc ID(s): FY18COABerlin	000000	
Note: The Address Id Must be set up for <u>EFT</u> payments.)		RFR/Procurement or Other ID Number: Grant Award		
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only)		CONTRACT	AMENOMENT	
		Enter Current Contract End Date <u>Prior</u> to Amendment, 20		
Statewide Contract (OSD or an OSD-designated De Collective Purchase (Attach OSD approval, scope, b		Enter Amendment Amount: \$ (or "no change")		
Department Procurement (includes State or Federal		AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)		
(Attach RFR and Response or other procurement sup			Amendment to Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget)	
Emergency Contract (Attach justification for emerge Contract Employee (Attach Employment Status Form		Contract Employee (Attach any updates to s	, , , , , , , , , , , , , , , , , , , ,	
X Legislative/Legal or Other: (Attach authorizing Isscope and budget			ng language/justification and updated scope	
The following COMMONWEALTH TERMS AND C		cuted, filed with CTR and is incorporated by	eference into this Contract.	
X Commonwealth Terms and Conditions	Commonwealth Terms and (	Conditions For Human and Social Services.		
COMPENSATION: (Check ONE option): The Depar				
in the state accounting system by sufficient appropria				
Rate Contract (No Maximum Obligation. Attach X Maximum Obligation Contract Enter Total Max				
PROMPT PAYMENT DISCOUNTS (PPD): Common	<u> </u>			
identify a PPD as follows: Payment issued within 10				
30 days % PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (G.L.c. 29 & 23A); only initial			yments (G.L., c. 29 § 23A); only initial	
payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)				
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report accounting for how these grant funds were appl				
ANTICIPATED START DATE: (Complete ONE opti	-,	•	·	
1. may be incurred as of the Effective Date (latest	•	<del>-</del>		
2. may be incurred as of, 20, a date L, a date L, a date F				
Date are authorized to be made either as settlement p	ayments or as authorized reimburs	ement payments, and that the details and circun	nstances of all obligations under this	
Contract are attached and incorporated into this Contra				
CONTRACT END DATE: Contract performance sha amended, provided that the terms of this Contract a				
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				
Amendment has been executed by an authorized si approvals. The Contractor makes all certifications				
penalties of perjury, agrees to provide any required	documentation upon request to su	pport compliance, and agrees that all terms gov	verning performance of this Contract and doing	
business in Massachusetts are attached or incorpora				
Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response 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 and the second of the second o				
AUTHORIZING SIGNATURE FOR THE CONTRAC	<u>ror:</u>	AUTHORIZING SIGNATURE FOR THE	:OMMONWEALTH:	
x: (2	Date: 1/12/18.	x: NEOWN DOW	ex Date: 2-1-18.	
(Signature and Date Must Be Handwritten At Time	of Signature)	(Signature and Date Must Be Handwritte		
Print Name: THO MAS ANOR EU-	<u>,                                     </u>		nneely	
Print Title: ChaiR, BOAROW	xxxmen	Print Title: Hitching	_cto/	
	<b>I</b>	\(\sigma\)		

(Updated 142018) Page 1

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This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at

www.iliass.gov/osc under Guidance For Ver	louis - Forms of www.mass.	gov/oso under USD Forms.		
CONTRACTOR LEGAL NAME: TOWN OF BERNARDSTON		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs		
		MMARS Department Code: ELD		
<u>Legal Address:</u> (W-9, W-4,T&C): PO BOX 504 BERNARDSTON MA 01337-0504		Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108		
Contract Manager: Dianne Cornwell		Billing Address (if different):		
E-Mail: coa@townofbernardston.org		Contract Manager: Stacey O'Connell		
Phone: 413-648-5413	Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us		
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 2 2		Phone:1-617-222-7419 Fax: 1-617-727-9368		
Vendor Code Address ID (e.g. "AD001"): AD001.		MMARS Doc ID(s): FY18COABernardston00		
Note: The Address Id Must be set up for <u>EFT</u> paymer	nts.)	RFR/Procurement or Other ID Number: Grant Award		
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only)		CONTRACT AMENDMENT  Enter Current Contract End Date <i>Prior</i> to Amendment: , 20 .		
Statewide Contract (OSD or an OSD-designated Department		Enter Amendment Amount: \$ (or "no change")		
Collective Purchase (Attach OSD approval, scope, but Department Procurement (includes State or Federal of		AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)		
(Attach RFR and Response or other procurement suppl	orting documentation)	Amendment to Scope or Budget (Attach updated scope and budget)		
Emergency Contract (Attach justification for emergen-	cy, scope, budget)	Interim Contract (Attach justification for Interim Contract and updated scope/budget)		
Contract Employee (Attach Employment Status Form, X Legislative/Legal or Other: (Attach authorizing lar		Contract Employee (Attach any updates to scope or budget)		
scope and budget	igaagarjuannaan,	Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)		
The following COMMONWEALTH TERMS AND CO X Commonwealth Terms and Conditions	NDITIONS (T&C) has been of Commonwealth Terms a	executed, filed with CTR and is incorporated by reference into this Contract. and Conditions For Human and Social Services.		
in the state accounting system by sufficient appropriating Rate Contract (No Maximum Obligation. Attach do X. Maximum Obligation Contract Enter Total Maximum PROMPT PAYMENT DISCOUNTS (PPD): Commonwidentify a PPD as follows: Payment issued within 10 d	ions or other non-appropriated etails of all rates, units, calcula num Obligation for total durati realth payments are issued the ays % PPD; Payment issue	or authorized performance accepted in accordance with the terms of this Contract will be supported d funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. lations, conditions or terms and any changes if rates or terms are being amended.) tion of this Contract (or <i>new</i> Total if Contract is being amended). \$5.441.93 through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must used within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within		
30 days % PPD. If PPD percentages are left blank, identify reason: X agree to stand payment (subsequent payments scheduled to support standard EFT 45 day payment cycle		standard 45 day cycle statutory/legal or Ready Payments ( <u>G.L. c. 29, § 23A</u> ); only initial t cycle. See <u>Prompt Pay Discounts Policy.</u> )		
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDME the municipalities of the Commonwealth. The award amount is determined by a census-bridentified in the annually published COA Formula Grant Guide. The activity performance preport accounting for how these grant funds were applied. Ongoing eligibility for formula grant funds were applied.		sus-based allocation of available grant funding. Funds may support Council on Aging activities as ance period for this award is 7/1/2017 – 6/30/2018. The municipality will complete a final fiscal rula grant funding is contingent on satisfactory prior year performance.		
		Contractor certify for this Contract, or Contract Amendment, that Contract obligations:		
		obligations have been incurred <u>prior</u> to the <u>Effective Date</u> .		
X_3. were incurred as of <u>July 1st, 2017</u> , a date PR <u>Date</u> are authorized to be made either as settlement pay Contract are attached and incorporated into this Contract	RIOR to the <u>Effective Date</u> below Ments or as authorized reimber.  Acceptance of payments for	below and <u>no</u> obligations have been incurred <u>prior</u> to the <u>Effective Date</u> .  low, and the parties agree that payments for any obligations incurred prior to the <u>Effective</u> bursement payments, and that the details and circumstances of all obligations under this forever releases the Commonwealth from further claims related to these obligations.		
CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 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 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 a approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's 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 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 AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X:				
( Miles and Annual Annu				

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This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at <a href="https://www.mass.gov/osc">www.mass.gov/osc</a> under OSD Forms.

Gelimions, insuced and a regarder For Ver	dors - Forms or www.mass.gov/o	sd under OSD Forms.	Office of Elder Affaire
definitions, instructions and legal requirements and districtions or <a -="" <a="" forms_or="" href="https://www.mass.gov/oscunder-Guidance-Forms_or &lt;a href=" https:="" https<="" oscunder-guidance-for="" oscunder-guidance-forms_or="" td="" vendors="" www.mass.gov=""><td>COMMONANCEMENT DEL VICTURE CONTRACTOR</td><td>Executive Office of Elder Affairs</td></a>		COMMONANCEMENT DEL VICTURE CONTRACTOR	Executive Office of Elder Affairs
CONTRACTOR LEGAL NAME: CITY OF BEVERLY		MMARS Department Code: ELD	
l enal Address: (W-9, W-4,T&C):		Business Mailing Address: 1 Ashburton P	lace Room 517, Boston, WA 02100
191 CABOT ST BEVERLY MA 01915-5849		Billing Address (if different):	
Contract Manager: MaryAnn Holak		Contract Manager: Stacey O'Connell	
E-Mail: mholak@beverlyma.gov	Fax:	E-Mail: Stacey.O'Connell@MassMail.state.	ma.us
Phone: 978-921-6017	1 u.s.	Phone:1-617-222-7419	Fax: 1-617-727-9368
Contractor Vendor Code: VC6000192074		MMARS Doc ID(s); FY18COABever	y000000
Vendor Code Address ID (e.g. "AD001"): AD001.	nts.)	RFR/Procurement or Other ID Number: Gra	ant Award
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 State or Federal grants 815 CMR 2.00)  Memory Contract (Attach institution for emergency, scope, budget)  Emergency Contract (Attach justification for emergency, scope, budget)  Contract Employee (Attach Employment Status Form, scope, budget)  X Legislative/Legal or Other: (Attach authorizing language/justification, and budget  The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, file X Commonwealth Terms and Conditions  Commonwealth Terms and Conditions  COMPENSATION: (Check ONE option): The Department certifies that payments for authorized processes of the state accounting system by sufficient appropriations or other non-appropriated funds, subjective in the state accounting system by sufficient appropriations or other non-appropriated funds, subjective for the state accounting system by sufficient appropriations or other non-appropriated funds, subjective for the state accounting system by sufficient appropriations or other non-appropriated funds, subjective for the state accounting system by sufficient appropriations or other non-appropriated funds, subjective for the state accounting system by sufficient appropriations or other non-appropriated funds, subjective for the state accounting system by sufficient appropriations or other non-appropriated funds, subjective for formact (No Maximum Obligation. Attach details of all rates, units, calculations, conditions.  COMPENSATION: (Check ONE option): The Department are issued through EFT of the state accounting and the subjective for formact is subjective for formact is subject. The activity performance period for the municipalities of the Commonwealth. The award amount is determined by a census-based all identified in the annually published COA Formula Grant Guide. The activity performance period for the countries of the Com		thorized performance accepted in accordance with the terms of this Contract will be supported ds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  In special contract (or new Total if Contract is being amended).  If this Contract (or new Total if Contract is being amended).  If this Contract (or new Total if Contract is being amended).  If this Contract (or new Total if Contract is being amended).  If this Contract (or new Total if Contract is being amended).  If this Contract (or new Total if Contract is being amended).  If this Contract (or new Total if Contract is being amended).  If this Contract on invoice receipt. Contractors requesting accelerated payments must within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 16 days % PPD; Payment issued within 17 days contract is to locally distribute a formula grant award to the Councils on Aging of based allocation of available grant funding. Funds may support Council on Aging activities as a period for this award is 7/1/2017 — 6/30/2018. The municipality will complete a final fiscal grant funding is contingent on satisfactory prior year performance.  If active Date.  If active Date.  If a Contract online is contract on the Effective Date.  If a Contract on this Contract on the Effective Date.	
2. may be incurred as of, 20 a date	PRIOR to the Effective Date belo	w, and the parties agree that payments for any o	obligations incurred prior to the Effective
Date are authorized to be made eliner as settlement for the contract. Acceptance of payments forever releases the Commonwealth from further claims related to these biggetter. Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these biggetters. Contract payments related to these biggetters. Contract payments are attached and incorporated into this Contract is properly 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 lapse between the commonwealth from further claims related to these biggetters.  In the contract is properly dispute the contract in the contract is properly amended in the contract is properly with no new obligations being incurred after this date unless the Contract is properly dispute the contract is properly and contract in the contract is properly and contract in the contract is properly dispute the contract in the contract is properly and contract in the contract in the contract is properly and contract in the contract in the contract is properly and contract in the contract is properly and contract in the contract in the contract in the contract in the contract is properly and contract in the contra			or this date unless the Contract is properly the purpose of resolving any claim or dispute, ayments, 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 Certifications: Notwithstanding verbal or other representations by the parties, the Department, or a later Contract or Amendment Start Date specified above, subject to an 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 an Amendment has been executed by an authorized signatory of the Contractor Certifications (Incorporated by reference if not attached hereto) under the approvals. The Contractor makes all certifications required under the attached Contractor Certifications, (Incorporated by reference if not attached hereto) under the approvals. The Contractor makes all certifications required under the attached Contractor Certifications, and agrees that all terms governing performance of this Contractor Department, or a later Contract of Services and agrees that all terms governing performance of this Contractor Department, or a later Contractor Services in Services in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth business in Massachusetts are attached or incorporated by reference if not attached Contractor Certifications, (Incorporated by reference if not attached Contractor Services in Services in Massachusetts and agrees that all terms governing performance of this Contractor Certifications, (Incorporated by reference if not attached Contractor Certifications, (Incorporated by reference if not attached Contractor Certifications, (Incorporated by reference if not attached Contractor Certifications, (Incorporated by reference in Services in Services in Massachusetts at all terms governing performance of this Contractor Certifications, (Incorporated by reference in Services in Services in Massachusetts at all terms govern		diment shall be the latest date that this Contract or Start Date specified above, subject to any required noe if not attached hereto) under the pains and governing performance of this Contract and doing edence, the applicable Commonwealth Terms and t) or other solicitation, the Contractor's Response, and the Contractor's Response only if made using ue, lower costs, or a more cost effective Contract.  HE COMMONWEALTH:  Date:  Date:	



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CONTRACTOR LEGAL NAME: TOWN OF BILLERICA	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs  MMARS Department Code: ELD	
<u>Legal Address:</u> ( <b>W-9, W-4,T&amp;C)</b> : PO BOX 596 BILLERICA MA 01821-0596	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Jean Bushnell	Billing Address (if different):	
E-Mail: jbushnell@town.billerica.ma.us	Contract Manager: Stacey O'Connell	
Phone: 978-671-0916 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: VC6000191723	Phone:1-617-222-7419 Fax: 1-	-617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COABillerica0000	)
Note: The Address ld Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award	
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 State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget) The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract. X Commonwealth Terms and Conditions COMMENSATION: (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 Contract Enter Total Maximum Obligation for total duration of this Contract is being amended.) X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract is 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 20 days **		
30 days % PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (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 locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2016 - 6/30/2017. The municipality will complete a final fiscal		
report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.  ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:		
amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.		
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, 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 including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X:		

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www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/osd under OSD Forms. COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs CONTRACTOR LEGAL NAME: MMARS Department Code: ELD OWN OF BLACKSTONE Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108 Legal Address: (W-9, W-4,T&C): 15 SAINT PAUL ST BLACKSTONE MA 01504-2276 Billing Address (if different): Contract Manager: Laurie Keefe Contract Manager: Stacey O'Connell E-Mail: lkeefe@townofblackstone.org E-Mail: Stacey.O'Connell@MassMail.state.ma.us Fax: Phone: 508-876-5135 Fax: 1-617-727-9368 Phone:1-617-222-7419 Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 2 4 MMARS Doc ID(s): FY18COABlackstone000 Vendor Code Address ID (e.g. "AD001"): AD<u>001</u>. RFR/Procurement or Other ID Number: Grant Award Note: The Address Id Must be set up for EFT payments.) CONTRACT AMENDMENT X NEW CONTRACT Enter Current Contract End Date Prior to Amendment: PROCUREMENT OR EXCEPTION TYPE: (Check one option only) \_ (or "no change") Enter Amendment Amount: \$\_\_ Statewide Contract (OSD or an OSD-designated Department) AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.) Collective Purchase (Attach OSD approval, scope, budget) Amendment to Scope or Budget (Attach updated scope and budget) Department Procurement (includes State or Federal grants 815 CMR 2.00) Interim Contract (Attach justification for Interim Contract and updated scope/budget) (Attach RFR and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach any updates to scope or budget) Contract Employee (Attach Employment Status Form, scope, budget) Legislative/Legal or Other: (Attach authorizing language/justification and updated scope X Legislative/Legal or Other: (Attach authorizing language/justification, and budget) The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract. scope and budget Commonwealth Terms and Conditions For Human and Social Services. X Commonwealth Terms and Conditions COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$14,556.02 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: X agree to standard 45 day cycle statutory/legal or Ready Payments (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 locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funding as support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/20167 6/30/2018 The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance. ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: \_1, may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date. , 20 , a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date. X 3. were incurred as of July 1st, 2017, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations. CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 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 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 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 amendments. 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 makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, 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 including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, 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: AUTHORIZING SIGNATURE FOR THE CONTRACTOR: Date: , Date: 1/7/2017 (Signature and Date Must Be Handwritten At Time of Signature) (Signature and Date Must Be Handwritten At Time of Signature) on neely **Print Name:** Print Name: Danie L M. KEUFS **Print Title:** Print Title: Town Administration

(Updated 1/4/2018) Page 1

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This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at

definitions, instructions and legal requirement	nts that are incorporated by reference andors - Forms or www.mass.gov/os	sd under OSD Forms,
definitions, instructions and legal requirements that are incorporated by relative www.mass.gov/osc_under Guidance For Vendors - Forms_or www.mass.gov/osc_under Guidance For Ve		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs
CONTRACTOR LEGAL NAME: TOWN OF BLANDFORD		MMARS Department Code: ELD
Lonal Address: (N-9, W-4, T&C): 1 RUSSELL STAGE RD.		Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
02 MAIN ST BLANDFORD MA 01008-9800		Billing Address (if different):
Contract Manager: Margit Mikuski		Contract Manager: Stacey O'Connell
E-Mail: coa@townofblandford.com	Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us
Phone: 413-848-2782 4279	i da,	Phone:1-617-222-7419 Fax: 1-617-727-9368
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 2 5		MMARS Dec ID(s): FY18COABlandford0000
Vendor Code Address ID (e.g. "AD001"): AD001.	onte \	RFR/Procurement or Other ID Number: Grant Award
Note: The Address Id Must be set up for <u>EFT</u> paym	Citta-)	CONTRACT AMENDMENT
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BRIEF DESCRIPTION OF CONTRACT PERFORI the municipalities of the Commonwealth. The awai identified in the annually published COA Formula 0	MANCE or REASON FOR AMENUI rd amount is determined by a census Grant Guide. The activity performance	in the contract is to locally state of the second state of the second se
report accounting for how these grant runds were a	option only) The Department and Co	ontractor certify for this Contract, or Contract Amendment, that Contract obligations:
		Minatione Bade Reput Hearted Bilds to the Choose a service
1. may be incurred as of the Effective Date (la	to I ATER than the Effective Date be	elow and no obligations have been incurred prior to the Effective Date.  w. and the parties agree that payments for any obligations incurred prior to the Effective
1 v 2 word incurred as of JUNV 1S1, 2017, 8 08	ILE LUION TO THE THICKNESS PAID DOLD	the the details and circumstances of all obligations under this
Toto are sufficient to the made either as settlering	IN paymonto or do double.	the Commonworlth from further claims regard to tiges promise and
Contract are attached and microphylated and this of CONTRACT 2ND DATE: Contract performance amended, provided that the terms of this Contract for completing any negotiated terms and warranteen and completing any negotiated terms and warranteen are completed.	e shall terminate as of <u>June 30th</u> , act and performance expectations at ties, to allow any close out or transi	2018 with no new obligations being incurred after this date unless the Contract is properly and obligations shall survive its termination for the purpose of resolving any claim or dispute, and obligations shall survive its termination for the purpose of resolving any claim or dispute, ition performance, reporting, invoicing or final payments, or during any lapse between
amendments.		
Amendment has been executed by an authorized approvals. The Contractor makes all certificate penalties of perjury, agrees to provide any requestions in Massachusetts are attached or incompliations. This Standard Contract Form includes	ice signatury of the detached of the attached of the signature of the attached of the signature of the signa	Contractor Certifications (incorporated by reference if not attached hereto) under the pains and o support compliance, and agrees that all terms governing performance of this Contract and doing to the following hierarchy of document precedence, the applicable Commonwealth Terms and or Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response precedence over the relevant terms in the RFR and the Contractor's Response only if made using tended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AVTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X: Date:  Date:  Date:  Cignature and Date Must Be Handwritten At Time of Signature)
Print Name: Print Title: Print Title:		Print waine:

This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at <a href="https://www.mass.gov/osc/under/Guldance-For Vendors">www.mass.gov/osc/under/Guldance-For Vendors</a> - Forms or <a href="https://www.mass.gov/osc/under/Guldance-For-Vendors">www.mass.gov/osc/under/Guldance-For Vendors</a> - Forms or <a href="https://www.mass.gov/osc/under/Guldance-For-Vendors">www.mass.gov/osc/under/Guldance-For-Vendors</a> - Forms or <a href="https://www.mass.gov/osc/under/Guldance

GOMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD  Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108  Billing Address (if different):  Contract Manager: Stacey O'Connell  E-Mail: Stacey.O'Connell@MassMail.state.ma.us  Phone:1-617-222-7419 Fax: 1-617-727-9368  MMARS Doc ID(s): F Y 1 8 C O A B o I t o n 0 0 0 0 0 0 0  RFRI/Procurement or Other ID Number: Grant Award  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 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)  Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)  cuted, filed with CTR and is incorporated by reference into this Contract.  Conditions For Human and Social Services.  thorized performance accepted in accordance with the terms of this Contract will be supported dis, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  Ins. conditions or terms and any changes if rates or terms are being amended.) of this Contract (or new Total if Contract is being amended). \$7,410.31  Ingl EFT 45 days from invoice receipt. Contractors requesting accelerated payments must within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within dard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial de. See Prompt Pay Discounts Policy.)		
Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108  Billing Address (if different):  Contract Manager: Stacey O'Connell  E-Mail: Stacey.O'Connell@MassMail.state.ma.us  Phone:1-617-222-7419 Fax: 1-617-727-9368  MMARS Doc ID(s): F Y 1 8 C O A B o I t o n 0 0 0 0 0 0  RFR/Procurement or Other ID Number: Grant Award  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 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)  Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)  curted, filled with CTR and is incorporated by reference into this Contract.  Conditions For Human and Social Services.  Ithorized performance accepted in accordance with the terms of this Contract will be supported dids, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  Institute of this Contract (or new Total if Contract is being amended). \$7,410.31  Ingh EFT 45 days from invoice receipt. Contractors requesting accelerated payments must within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within dat 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial de. See Prompt Pay Discounts Policy.)		
E-Mail: Stacey.O'Connell@MassMail.state.ma.us  Phone:1-617-222-7419 Fax: 1-617-727-9368  MMARS Doc ID(s); F Y 1 8 C O A B o I t o n 0 0 0 0 0 0 0  RFR/Procurement or Other ID Number: Grant Award  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 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)  Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)  cuted, filled with CTR and is incorporated by reference into this Contract.  Conditions For Human and Social Services.  thorized performance accepted in accordance with the terms of this Contract will be supported dids, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  18, conditions or terms and any changes if rates or terms are being amended.)  19 of this Contract (or new Total if Contract is being amended). \$7,410.31  19 of EFT 45 days from invoice receipt. Contractors requesting accelerated payments must within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within dard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial de See Prompt Pay Discounts Policy.)		
E-Mail: Stacey.O'Connell@MassMail.state.ma.us  Phone:1-617-222-7419 Fax: 1-617-727-9368  MMARS Doc ID(s); F Y 1 8 C O A B o I t o n 0 0 0 0 0 0 0  RFR/Procurement or Other ID Number: Grant Award  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 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)  Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)  cuted, filled with CTR and is incorporated by reference into this Contract.  Conditions For Human and Social Services.  thorized performance accepted in accordance with the terms of this Contract will be supported dids, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  18, conditions or terms and any changes if rates or terms are being amended.)  19 of this Contract (or new Total if Contract is being amended). \$7,410.31  19 of EFT 45 days from invoice receipt. Contractors requesting accelerated payments must within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within dard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial de See Prompt Pay Discounts Policy.)		
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Phone:1-617-222-7419  Phone:1-617-222-7419  Fax: 1-617-727-9368  MMARS Doc ID(s): F Y 1 8 C O A B o I t o n 0 0 0 0 0 0 0  RFR/Procurement or Other ID Number: Grant Award  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 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)  Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)  cuted, filled with CTR and is incorporated by reference into this Contract.  Conditions For Human and Social Services.  Ithorized performance accepted in accordance with the terms of this Contract will be supported ands, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  Ins. conditions or terms and any changes if rates or terms are being amended.)  of this Contract (or new Total if Contract is being amended). \$7,410.31  Ins. 45 days from invoice receipt. Contractors requesting accelerated payments must within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within dated 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial december 20 days only initial december 20 d		
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ENT: This contract is to locally distribute a formula grant award to the Councils on Aging of based allocation of available grant funding. Funds may support Council on Aging activities as period for this award is 7/1/2016 – 6/30/2016 the municipality will complete a final fiscal grant funding is contingent on satisfactory prior year performance.		
tractor certify for this Contract, or Contract Amendment, that Contract obligations:		
gations have been incurred prior to the Effective Date.		
wy and no obligations have been incurred prior to the Effective Date.		
and the parties agree that payments for any obligations incurred prior to the Effective sement payments, and that the details and circumstances of all obligations under this		
ver releases the Commonwealth from numer claims related to stess congations.		
CONTRACT END DATE: Contract performance shall terminate as of June 30th. 2018 with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.		
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and do business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response 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 use 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 Contractor's Response terms result in best value, lower costs, or a more cost effective Contractor's Response terms result in best value, lower costs, or a more cost effective Contractor's Response terms result in best value, lower costs, or a more cost effective Contractor's Response terms result in best value, lower costs, or a more cost effective Contractor's Response terms result in best value, lower costs, or a more cost effective Contractor's Response terms result in best value, lower costs, or a more cost effective Contractor's Response terms result in best value and Date Must Be Handwritten At Time of Signature)  Print Name:  Print Title:		

(Updated 1/4/2018) Page 1

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This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at <a href="https://www.mass.gov/osc.under-Guidance-For-Vendors-Forms">www.mass.gov/osc.under-Guidance-For-Vendors-Forms</a> or <a href=

CONTRACTOR LEGAL NAME:	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
FOWN OF BOURNE	MMARS Department Code: ELD	
Legal Address: (W-9, W-4,T&C): 130 MAIN ST BUZZARDS BAY MA 02532-3221	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Felice Monteiro	Billing Address (if different):	
E-Mail: fmonteiro@townofbourne.com	Contract Manager: Stacey O'Connell	
<u>Phone</u> : 508-759-0600 x 5226	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 2 7	Phone:1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD <u>001</u> .	MMARS Doc ID(s): FY18COABourne0000000	
Note: The Address Id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award	
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 State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget  The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been exex Commonwealth Terms and Conditions  Commonwealth Terms and	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 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)  Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)	
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.)  X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended.). \$50,110.00  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; X agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial		
payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See <a href="Prompt Pay Discounts Policy">Prompt Pay Discounts Policy</a> .)  BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2016 6/30/2019 for municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.		
ANTICIPATED START DATE: (Complete ONE option only) The Department and Cor	ntractor certify for this Contract, or Contract Amendment, that Contract obligations:	
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:		
CONTRACT END DATE: Contract performance shall terminate as of amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.		
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains an penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doin 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 including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response on 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 14/2018) Page 1

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This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperfinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at <a href="https://www.mass.gov/osc/">www.mass.gov/osc/</a> under OSD Forms.

www.mass.gov/osc_under_Guidance Foir Vendors 17 Offits_or_www.mass.gov/osc_under_Guidance Foir Vendors 17 Offits_or_www.mass.gov/osc	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
CONTRACTOR LEGAL NAME:	MMARS Department Code: ELD	
TOWN OF BOXBOROUGH	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Legal Address: (W-9, W-4, T&C): 29 MIDDLE RD BOXBOROUGH MA 01719-1430		
Contract Manager: Laura Arsenault	Billing Address (if different):	
E-Mail: laura.arsenault@town.boxborough.ma.us	Contract Manager: Stacey O'Connell	
Phone: 978-264-1717 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us  Physical 617,222,7419  Fax: 1-617-727-9368	
Contractor Vendor Code: VC6000191728	PHONE. 1-017-222-1-413	
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COABoxborough000	
Note: The Address id Must be set up for EFT payments.)	RFR/Procurement or Other ID Number: Grant Award	
X NEW CONTRACT	CONTRACT AMENDMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	Enter Current Contract End Date <u>Prior to Amendment:</u> , 20	
Statewide Contract (OSD or an OSD-designated Department)	Enter Amendment Amount: \$ (or "no change")  AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)	
Callactive Burchage (Affach (OSI) antiroval, Scope, Dudget)	Amendment to Scope or Budget (Attach updated scope and budget)	
Department Procurement (includes State or Federal grants 815 CMR 2.00)  (Attach RFR and Response or other procurement supporting documentation)	Interim Contract (Attach justification for Interim Contract and updated scope/budget)	
Language Contract (Attach justification for emergency, scope, pages)	(Attach any undates to scope or hiddet)	
L A	Contract Employee (Atlach any updates to scope or badget)  Legislative/Legal or Other: (Atlach authorizing language/justification and updated scope	
X Legislative/Legal or Other: (Attach authorizing language/justification,	and hudget)	
scope and budget  The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been exe	cuted, filed with CTR and is incorporated by reference into this Contract.	
L v Commonwoolff Terms and Conditions Colling Wealth Terms and Conditions		
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. 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.)  X Maximum Obligation Contract. Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$6,906.00.  X Maximum Obligation Contract. Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$6,906.00.  Y Maximum Obligation Contract. Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$6,906.00.  Y Maximum Obligation Contract. Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$6,906.00.  PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT_45 days from invoice receipt. Contract is several general accelerated payments must intend to the support of the September 100 of the September		
Amendments.  CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains a approvals. The Contractor makes all certifications required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and do penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and do penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and do penalties of perjury, agrees to provide on the attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms at a support compliance, and agrees that all terms governing performance of this Contract and do penalties of perjury, agrees to provide on the attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms at a support compliance, and agrees that all terms governing performance of this Contract and do penalties of perjury, agrees to provide documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and do penalties of perjury, agrees to provide documentation upon request to support compliance, and agrees that all terms governing performance of this Contractor Contractor Conditions, the Contractor Response (RFR) or other solicitations.  In additiona		

(Updated 1/4/2018) Page 1

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This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at <a href="https://www.mass.gov/osc/under-Guidance-For Vendors-Forms">www.mass.gov/osc/under-Guidance-For Vendors-Forms</a> or <a href="https://www.mass.gov/osc/under-Guidance-For-Vendors-Forms">www.mass.gov/osc/under-Guidance-For-Vendors-Forms</a> or <a href="https://www.mass.gov/osc/under-Guidance-For-Vendors-Forms">www.mass.gov/osc/under-Guidance-For-Vendors-Forms</a> or <a href="https://www.mass.gov/osc/under-Guidance-For-Vendors-Forms">www.mass.gov/osc/under-Guidance-For-Vendors-Forms</a> or <a href="https://www.mass.gov/osc/under-Guidance-For-Vendors-Form

www.mass.gov/osc under Guidance For Ve	ndors - Forms_or www.mass.gov/or	sd under OSD Forms.
CONTRACTOR LEGAL NAME: TOWN OF BOXFORD		COMMONWEALTH DEPARTMENT MAINE. Executive office of Electrical
		MMARS Department Code: ELD
<u>Legal Address</u> : <b>(W-9, W-4,T&amp;C)</b> : 28 MIDDLETON RD BOXFORD MA 01921-2336		Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
Contract Manager: Pam Blaquiere		Billing Address (If different):
		Contract Manager: Stacey O'Connell
E-Mail: pblaquiere@town.boxford.ma.us	Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us
Phone: 978-887-3591	I da.	Phone:1-617-222-7419 Fax: 1-617-727-9368
Contractor Vendor Code: VC6000191730		MMARS Doc ID(s): FY18COABoxford000000
Vendor Code Address ID (e.g. "AD001"): AD001.	amén \	RFR/Procurement or Other ID Number: Grant Award
Note: The Address Id Must be set up for <u>EFT</u> paym	ents.)	CONTRACT AMENDMENT
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only)		Enter Current Contract End Date Prior to Amendment:, 20
Statewiste Contract (OSD or an OSD-designated De	partment)	Enter Amendment Amount: \$ (or "no change")  AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)
Collective Purchase (Attach OSD approval, scope, I Department Procurement (includes State or Federa	3U3G <del>E</del> D	Amendment to Scope or Budget (Attach updated scope and budget)
144- L DED and Desponse or other smolifement Sul	ODDRING GUCGINEHRANON	Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Emargancy Contract (Attach justification for emergi	SUCA' 200he' nached	(Attach any undetes to scope or hidget)
Contract Employee (Attach Employment Status For X Legislative/Legal or Other: (Attach authorizing	in, scope, budger/ language/justification,	Legislative/Legal or Other: (Attach aumonzing language/justilication and updated sopport
V Commonwealth Terms and Conditions	COMMISSION LOUGH	ecuted, filed with CTR and is Incorporated by reference into this Contract. I Conditions For Human and Social Services.  authorized performance accepted in accordance with the terms of this Contract will be supported unds. subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
PROMPT PAYMENT DISCOUNTS (PPD): Commidentify a PPD as follows: Payment Issued within 30 days % PPD. If PPD percentages are left blapayment (subsequent payments scheduled to support the municipalities of the Commonwealth. The awar	onwealth payments are issued through the control of	IMENT: This contract is to locally disconding. Funds may support Council on Aging activities as is-based allocation of available grant funding. Funds may support Council on Aging activities as is-based allocation of available grant funding.
Identified in the annually published COA Formula G	Talk Guide. The doubtly portornian	is-based allocation of available grant funding. Purifying any support contact the contract of the period for this award is 7/1/2016 7 6/30/2018. The municipality will complete a final fiscal italiance grant funding is contingent on satisfactory prior year performance.  Ontractor certify for this Contract, or Contract Amendment, that Contract obligations:
ANTICIPATED START DATE: (Complete ONE of	option only) the Department and Ot	ship ations have been incurred order to the Effective Date.
	e LATER than the <u>Effective Date belo</u> te PRIOR to the <u>Effective Date</u> belo nt payments or as authorized reimble	obligations have been incurred <b>prior</b> to the <u>Effective Date</u> .  Helow and <u>no</u> obligations have been incurred <u>prior</u> to the <u>Effective Date</u> .  By, and the parties agree that payments for any obligations incurred prior to the <u>Effective</u> of the payments, and that the details and circumstances of all obligations under this prever releases the Commonwealth from further claims related to these obligations.
Contract are attached and incorporated into this Co CONTRACT END DATE: Contract performance amended, provided that the terms of this Contract for completing any negotiated terms and warrantic	shall terminate as of <u>June 30th, 2</u> tt and performance expectations a es, to allow any close out or transi	2018 with no new obligations being incurred after this date unless the Contract is properly and obligations shall survive its termination for the purpose of resolving any claim or dispute, and obligations shall survive its termination for the purpose of resolving any claim or dispute, ition 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 Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required Amendment has been executed by reference in the Department, or a later Contract or Amendment Start Date specified above, subject to any required Amendment has been executed by reference in the Department, or a later Contract or Amendment Start Date specified above, subject to any required Amendment Start Date specified above, subject to any required Amendment Start Date specified above, subject to any required for the Department, or a later Contract or Amendment Start Date specified above, subject to any required for Amendment Start Date specified above, subject to any required for Amendment Start Date specified above, subject to any required for Amendment Start Date specified above, subject to any required for Amendment Start Date specified above, subject to any required for Contract or Amendment Start Date specified above, subject to any required for Contract or Amendment Start Date specified above, subject to any required for Contract or Amendment Start Date specified above, subject to any required for Contract or Amendment Start Date specified above, subject to any required for Contract or Amendment Start Date specified above, subject to any required for Contract or Amendment Start Date specified above, subject to any required for Contract or Certifications, (incorporated by reference if not attached herein periods and agrees that all terms governing performance of this Contractor Certifications, (incorporated by re		
Print Title: Turk Administrators (CO)		



This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at <a href="https://www.mass.gov/osc">www.mass.gov/osc</a> under Guidance For Vendors - Forms or <a href="https://www.mass.gov/osc">www.mass.gov/osc</a> under OSD Forms.

	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs  MMARS Department Code: ELD	
<u>Legal Address:</u> ( <b>W-9, W-4,7&amp;C):</b> 221 MAIN ST BOYLSTON MA 01505-2037	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Judith White	Billing Address (if different):	
E-Mail: jjwhite99@yahoo.com;	Contract Manager: Stacey O'Connell	
Phone: 508-365-4058 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 3 1	Phone:1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COABoyiston00000	
Note: The Address Id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award	
X NEW CONTRACT	CONTRACT AMENDMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20	
Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget)	Enter Amendment Amount: \$ (or "no change")	
Department Procurement (includes State or Federal grants 815 CMR 2.00)	AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)	
(Attach RFR and Response or other procurement supporting documentation)	Amendment to 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) Contract Employee (Attach Employment Status Form, scope, budget)	Contract Employee (Attach any updates to scope or budget)	
X Legislative/Legal or Other: (Attach authorizing language/justification,	Legislative/Legal or Other: (Attach authorizing language/justification and updated scope	
scope and budget	and budget)	
The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been exec X Commonwealth Terms and Conditions Commonwealth Terms and Commonwealth Terms are commonweal	uted, filed with CTR and is incorporated by reference into this Contract. onditions For Human and Social Services.	
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.)  X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$1,787.40  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 30 days % PPD, If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial		
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(Updated 1/4/2018) Page 1

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www.mass.gov/osc_under Guidance For Vendors - Forms_or www.mass.gov/os	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs		
CONTRACTOR LEGAL NAME:	MMARS Department Code: ELD		
TOWN OF BRAINTREE	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108		
Legal Address: (W-9, W-4,T&C):	Business Mailing Address. The indicate		
2 JOHN F KENNEDY MEMORIAL DR BRAINTREE MA 02184-6425	Billing Address (if different):		
Contract Manager: Sharmila Biswas	Contract Manager: Stacey O'Connell		
E-Mail: sbiswas@braintreema.gov	E-Mail: Stacey.O'Connell@MassMail.state.ma.us		
<u>Phone</u> : 781-848-1963 Fax:	Phone:1-617-222-7419 Fax: 1-617-727-9368		
Contractor Vendor Code: V C 60 0 0 1 9 1 7 3 3	MMARS Doc ID(s): FY18COABraintree0000		
Vendor Code Address ID (e.g. "AD001"): AD001.	RFR/Procurement or Other ID Number: Grant Award		
Note: The Address Id Must be set up for <u>EFT p</u> ayments.)	CONTRACTAMENDMENT		
X NEW CONTRACT	Enter Current Contract End Date Prior to Amendment:, 20		
PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	(or "no change")		
Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget)	AMENDMENT TYPE: (Check one option only. Attach details of Amendment Changes)		
Brackstone functions State of Federal Giding Order	Amondment to Scone or Budget (Attach updated scope and oudget)		
(Attach RFR and Response or other procurement supporting documentation)  Emergency Contract (Attach justification for emergency, scope, budget)	Interim Contract (Attach justification for Interim Contract and updated scope/budget)		
A Three Branch (Attach Employment Statils Fortil, Scope, 90090)	Contract Employee (Attach any updates to scope or budget)  Legislative/Legal or Other: (Attach authorizing language/justification and updated scope		
v 1 agiclative/i agal or Other: (Attach authorizing language/justinoation)			
scope and budget	auted filed with CTB and is incorporated by reference into this Contract.		
The following COMMONWEALTH TERMS AND SOLUTION Commonwealth Terms and X_Commonwealth Terms and Conditions	Conditions For Human and Social Services.		
Commonwealth Terms and Cordinions  Commonwealth Commonwealth Commonwealth owed debts under 815 CMR 9.00.  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.)  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.)  X Maximum Obligation Contract. Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended).  PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must loans in the contract is a follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD, Payment issued within 10 days % PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutoryflegal or Ready Payments (G.L. c. 29, § 23A); only initial 30 days % PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutoryflegal or Ready Payments (G.L. c. 29, § 23A); only initial 30 days % PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutoryflegal or Ready Payments (G.L. c. 29, § 23A); only initial 30 days % PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutoryflegal or Ready Payments (G.L. c. 29, § 23A); only initial 30 days % PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutoryflegal or Ready Payments (G.L. c. 29, § 23A); only initial 30 days % PPD. If PPD percentages are l			
amended, provided that the terms of this contract the performance, reporting, invoicing of final payments, or during any report the for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing of final payments, or during any report to the completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any report			
emendments			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment Start Date specified above, subject to any required Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required Amendment has been executed by an authorized signatory of the Contractor Certifications (incorporated by reference if not attached hereto) under the pains and approvals. The Contractor makes all certifications required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing penalties of perjury, agrees to provide any required documentation upon required Contractor of the pains and according hierarchy of document precedence, the applicable Commonwealth Terms and business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and business in Massachusetts are attached or incorporated by reference herein according to herein accor			
X: Date: Date: // Dat	X: Date:		
Print Name: JUSETTH C. SUITING  Print Title: MAYOR	Print Name: Print Title:		

This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/osd under OSD Forms.

COMMON OF RENDETS  MARS Spentment Code: ELD  Dissiness Making Address: 1 Ashburton Piace Room 517, Boston, MA 02108  Stay MANNET Spentment Code: ELD  Dissiness Making Address: 1 Ashburton Piace Room 517, Boston, MA 02108  Stay MANNET Spentment Code: ELD  Dissiness Making Address: 1 Ashburton Piace Room 517, Boston, MA 02108  Stay MANNET Spentment Code: V C 0 0 0 0 19 17 3 4  EMBI: dissipation in Internation Piace Room 517, Boston, MA 02108  Stay Mannet Spentment Code: V C 0 0 0 19 17 3 4  Phone: 50498-527-00000  Making Spentment Dispiration Piace Room 517, Boston, MA 02108  MARS Decollines Piace Room 517, Boston, MA 02108  MARS Decollines Piace Room 518, Dec. *ADDRET's ADDIS  Making Spentment Dispiration Piace Room 10 0 10 0  MARS Decollines Piace Room 518 and 10 0 10 0  MARS Decollines Piace Room 518, Dec. *ADDRET's ADDRET's AD	MINTENESS AND				
Billing Address (if different):  Edial: dropo@lown breverier ma.us  Contract Manager: Stacey O'Connell@MassMal.state.ma.us  Contract Monager Contract Monager: Stacey O'Connell@MassMal.state.ma.us  Contract Monager Contract Monager: Stacey O'Connell@MassMal.state.ma.us  Contract Monager Contract Monager: Stacey O'Connell@MassMal.state.ma.us  Contract Monager Contract Contract Monager Contract Mo	CONTRACTOR LEGAL NAME: TOWN OF BREWSTER		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs  MMARS Department Code: ELD		
Contract Manager: Denies Ropo   Billing Address (if different):					
E-Mail: dropo@tom.brevster.ma.us    Contract Manager: Stacey O'Connell@MassMail.state.ma.us   Contractor VerlagerCoder: VC 6 0 0 1 9 17 3 4   Pac: 1417-727-9388	<del>*************************************</del>		Billing Address (if different):		
Phone: S64-98-9277 Fac: EABL: Slacey, O'Connei@MassAbil.astate.m.u.s    Fac: EABL: Slacey, O'Connei@MassAbil.astate.m.u.s   Fac: 1817-727-9588					
Page   Contract   Page   Contract   Page   Contract   Page   Pa		Fax:	E-Mail: Stacey.O'	Connell@MassMail.state	e.ma.us
Ventor Code Address D. (e.g. "AD001"): AD001.  Note: The Address of Must be set up for EEL payments.)  REPOCUREMENT OR EXCEPTION TYPE: (Check one option only)  Statewist Contract (CSD or an OSD-designated Department)  Collective Purchase, (Mach of Supported, Scope, budged)  Legariment Procurement (includes Sate or Federal grants \$15.CMP 2.00)  Pagariment Procurement (includes Sate or Federal grants \$15.CMP 2.00)  Alback RFR and Response or other procurement supporting documentation)  Enterpress (Mach Employers), State Services, Supporting documentation)  Enterpress (Mach Employers), State Services, Supporting documentation)  Enterpress (Mach Employers), Black Services, Supporting documentation)  The following ColMick Michael Employers (Mach Employers), Black Services, Black Servi					
Note: The Address Is Must be set up for EFT payments.)  RERProcurement or Other ID Number: Grant Award  X NEW CONTRACT  REROUSEMENT OR EXCEPTION TYPE: (Check one option only)  Statewise Contract (SDS or an OSD-designated Department)  Callettive Purchase (Match OSD proyer) scope, budged or Cantact Embryors, 2009.  Department Procurement (Includes State or Federal grants 815 CM2 200)  Attach RFR and Response or other procurement supporting documentation)  Emergency Centract. (Attach justification for emergency, scope, budged)  Contract Embryors, (Attach justification for emergency, scope, budged)  X Legislativel scal or Other: (Attach authorizing language/justification, scope and budget)  X Legislativel scal or Other: (Attach authorizing language/justification, scope and budget)  The following COMMONEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.  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 burst, subject to intercept Commonwealth ment and Conditions of Human and Social Services.  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 burst, subject to intercept Commonwealth ment debate and end in SC ARS 0.00.  X Ibasimum Obligation Contract. Filter Tool Maximum Obligation for bold durated through ETF-6 days from invoice recept; Contractors requesting accelerated payments are issued within 15 days.  MERC EDESCRIPT IN DEPC CONTRACT PERFORMANCE Contractors are to blank in definition of the municipalities of the Commonwealth. The activity of the Contract is to long all within 20 days.  MERC EDESCRIPT DOC CONTRACT PERFORMANCE CONTRACT			MMARS Doc ID(s)	FY18COABrews	ster00000
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Department Procurement (includes State of rederal grants 815 LMR 200) Attach RFR and Response or other procurement supporting documentation) Emercency Contract. (Attach justification for emergency, scope, budget) Attach RFR and Response or other growner States Form, scope, budget) Attach RFR and Response or Other (Attach authorizing language) Attach RFR and Contract. (Attach justification for interim Contract and updated scope budget) Attach RFR and State Form, scope, budget) Attach RFR and State Form, scope and budget Attach RFR and State Form, scope, budget) Attach RFR and State Form, scope, budget of the scope of budget of the state Stat	PROCUREMENT OR EXCEPTION TYPE: (Check on Statewide Contract (OSD or an OSD-designated Dep	artment)	Enter Amendment	tract End Date <u>Prior</u> to A t Amount: \$	Amendment:, 20 (or "no change")
The following COMMONIVEALTH TERRIS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.  **X_Commonwealth Terms and Conditions**  Compensation**  Compe	Department Procurement (includes State or Federal (Attach RFR and Response or other procurement supp Emergency Contract (Attach justification for emerger Contract Employee (Attach Employment Status Form X Legislative/Legal or Other: (Attach authorizing la	grants <u>815 CMR 2.00)</u> norting documentation) ncy, scope, budget) , scope, budget)	Amendment to So Interim Contract ( Contract Employe Legislative/Legal	Amendment to 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)	
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identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 30 days % PPD; Payment issued within 30 days % PPD; Payment scheduled to descript the ministry of t	in the state accounting system by sufficient appropriat <u>Rate Contract (</u> No Maximum Obligation. Attach o <u>X Maximum Obligation Contract</u> Enter Total Maxi	tions or other non-appropriated fi details of all rates, units, calculati mum Obligation for total duratior	ands, subject to intercep ons, conditions or terms of this Contract (or <i>ne</i>	ot for Commonwealth owe s and any changes if rates w Total if Contract is being	ed debts under 815 CMR 9.00. s or terms are being amended.) g amended). \$ <u>29,760.40</u>
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	the municipalities of the Commonwealth. The award a identified in the annually published COA Formula Gran report accounting for how these grant funds were appli	RIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of e municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds have support Council on Aging activities as entified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2016 6/30/2019. The municipality will complete a final fiscal			
2. may be incurred as of	ANTICIPATED START DATE: (Complete ONE option	on only) The Department and Co			
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 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 makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, 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 including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE CONTRACTOR:  X: Market B. EMBURY  Date: X: VICHAEL B. EMBURY  Print Name: WICHAEL B. EMBURY  Print Name: WICHAEL B. EMBURY					
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 makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, 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 including the instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, 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: Machine Contractor Signature  Cignature and Date Must Be Handwritten At Time of Signature)  Print Name: Wichael E. EMBURY	CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.				
	CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains a penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doi business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms a Conditions, this Standard Contract Form including the instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response 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: Market Be Handwritten At filme of Signature)  Print Name: Wichael Be Handwritten At Time of Signature)				

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	OSCI UND COMMONWEALTH DEPARTMENT NAME: E	xecutive Office of Elder Amairs
CONTRACTOR LEGAL NAME:	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs  MMARS Department Code: ELD	
TOWN OF BRIDGEWATER	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Legal Address: (W-9, W-4,T&C): 34 CENTRAL SQ BRIDGEWATER MA 02324-2550		
Gentract Manager; Lorraine Carrozza	Billing Address (if different):	
E-Mail: Icarrozza@bridgewaterma.org	Contract Manager: Stacey O'Connell	
Phone: 508-697-0929 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.	ma,us
Prione: 308-097-0929 Contractor Vendor Code: V C 60 0 0 1 9 1 7 3 5	Phone:1-617-222-7419	Fax: 1-617-727-9368
	MMARS Doc ID(s): FY 18 COABridge	water00
Vendor Code Address ID (e.g. "AD001"): AD <u>001</u> .  Note: The Address Id Must be set up for EFT payments.)	RFR/Procurement or Other ID Number: Gra	nt Award
	CONTRACT	AMENDMENT
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	Enter Current Contract End Date Prior to An	nendment:, 20
Statewide Contract (OSD or an OSD-designated Department)	Enter Amendment Amount: \$ . (	or "no change")
A Building Durchage (Attach OSD annoval Scope, DUOGE)	AMENDMENT TYPE: (Check one option on	ly. Attach details of Amendment changes.)
Security Decourage / Includes State or Federal grants 610 CMR 2.00)	Amendment to Scope or Budget (Attach up	dated scope and budget)
(Attach RFR and Response or other procurement supporting documentation)  Emergency Contract (Attach justification for emergency, scope, budget)	Interim Contract (Attach justification for Interi	m Contract and updated scope/buoget)
Contact Confession (Attach Employment Statis Form, Scope, Dudger)	Contract Employee (Attach any updates to s Legislative/Legal or Other: (Attach authorizi	cope or budget)
X Legislative/Legal or Other: (Attach authorizing language/justification,		
scope and budget	ecuted filed with CTR and is incorporated by t	eference into this Contract.
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PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued thridentify a PPD as follows: Payment issued within 10 days % PPD; Payment issued 30 days % PPD. If PPD percentages are left blank, identify reason: X agree to st payment (subsequent payments scheduled to support standard EFT 45 day payment of the subsequent payments scheduled to support standard EFT 45 day payment of the municipalities of the Commonwealth. The award amount is determined by a censure identified in the annually published COA Formula Grant Guide. The activity performant report accounting for how these grant funds were applied. Ongoing eligibility for formula ANTICIPATED START DATE: (Complete ONE option only) The Department and County 1. may be incurred as of the Effective Date (latest signature date below) and no county 2. may be incurred as of 100 at a date LATER than the Effective Date below 1. The subset of 100 and 100 are authorized to be made either as settlement payments or as authorized reimb Contract are attached and incorporated into this Contract. Acceptance of payments for Contract are attached and incorporated into this Contract. Acceptance of payments for completing any negoliated terms and warranties, to allow any close out or trans amendments.	ough EFT 45 days from invoice receipt. Contract d within 15 days % PPD; Payment issued with andard 45 day cycle statutory/legal or Ready Paycle. See Prompt Pay Discounts Policy.)  MENT: This contract is to locally distribute a form is-based allocation of available grant funding. Funce period for this award is 7/1/2016 - 6/30/20 ala grant funding is contingent on salisfactory prior contractor certify for this Contract, or Contract Americal Contract for the Effective elow and no obligations have been incurred prior ow, and the parties agree that payments for any of ursement payments, and that the details and circular releases the Commonwealth from further diagonal obligations shall survive its termination for the interpretation performance, reporting, invoicing or final payments.	this requesting account of the Effective Date.  Indigations incurred prior to the Effective Date.  It align to the Effective Date.  It align to the Effective Date.  It align to the Effective Date and the single property of the Effective Date and the single property of the Effective Date and the Ef
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This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/osc under OSD Forms.

CONTRACTOR LEGAL NAME:	TOOLO I WITE OF THE PARTICULAR OF	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
TOWN OF BRIMFIELD		MMARS Department Code: ELD	
Legal Address: <b>(W-9, W-4,T&amp;C):</b> 21 MAIN ST BRIMFIELD MA 01010-9744		Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Eva Pittsinger		Billing Address (If different):	
-Mail: coa-director@brimfieldma.org		Contract Manager: Stacey O'Connell	
<b>: 413-245-7253</b>	Fax:	E-Mail: Stacey.O'Connell@MassMail.sta	
<u>igor Code</u> ; VC 6000191736		Phone:1-617-222-7419	Fax: 1-617-727-9368
* <u>ddress ID (e.g. "AD001"): AD001</u> .		MMARS Doc (D(s): FY18COABrim	field0000
Note: The Address Id Must be set up for EFT payme	ents.)	RFR/Procurement or Other ID Number:	Grant Award
X NEW CONTRACT			CT AMENDMENT
PROCUREMENT OR EXCEPTION TYPE: (Check or		Enter Current Contract End Date <u>Prior</u> to	
Statewide Contract (OSD or an OSD-designated Dep	partment)	Enter Amendment Amount: \$	(or "no change")
Collective Purchase (Attach OSD approval, scope, b Department Procurement (includes State or Federal	orants 815 CMR 2,00)	Amendment to Scope or Budget (Attach	only. Attach details of Amendment changes.)
(Attach RFR and Response or other procurement sup	porting documentation)	Integrim Contract (Attach justification for In	
Emergency Contract (Attach justification for emerge Contract Employee (Attach Employment Status Form	ncy, scope, budget)	Contract Employee (Attach any updates	
X Legislative/Legal or Other: (Attach authorizing l	nguage/justification,	Legislative/Legal or Other: (Attach autho	rizing language/justification and updated scope
scope and hidnet		and budget)	w. roforongo into this Contract
The following COMMONWEALTH TERMS AND C  X Commonwealth Terms and Conditions	ONDITIONS (T&C) has been ex Commonwealth Terms and	ecuted, filed with CTR and is incorporated to Conditions For Human and Social Services.	is ferencine that this contract
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.)  X. Maximum Obligation Contract. Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended.). \$7.304.00  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: X agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29.8 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 locally distribute a formula-grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Further plays support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2015/-6/30/2013. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.  ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or C			
X 3, were incurred as of July 1st, 2017, a date  Date are authorized to be made either as settlement	DDIND in the Effective Flate nein	# and the names affee that Davidents (Or ally	Obligations into the prior of t
Contract are attached and incomprated into this Cont	ract. Accentance of payments for	ever releases the Commonwealth from further	Ciantis related to these obligations.
Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.  CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 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, involcing or final payments, or during any lapse between amendments.			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this Contract or Amendment Start Date specified above, subject to any required approvals. The Confractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains an penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doin 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 including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response 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 usin the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  X:			hayments, or during any lapse between

(Updated 1/4/2018) Page 1

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This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at <a href="https://www.mass.gov/osc">www.mass.gov/osc</a> under <a href="https://www.mass.gov/osc">Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc">www.mass.gov/osc</a> under <a href="https://www.mass.gov/osc">GUID Forms</a>.

CONTRACTOR LEGAL NAME:	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs  MMARS Department Code: ELD	
CITY OF BROCKTON	MMARS Department Code: ELD  Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Legal Address: (W-9, W-4,T&C): IS SCHOOL ST BROCKTON MA 02301-4049		
Contract Manager: Janice Fitzgerald	Billing Address (if different):	
E-Mail: jfitzgerald@cobma.us	Contract Manager: Stacey O'Connell	
Phone: 508-580-7811 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us  Phone:1-617-727-9368	
Contractor Vendor Code: VC6000192078	F110116, 1-011-222 1-110	
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COABrockton00000	
Note: The Address Id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award	
X NEW CONTRACT	CONTRACT AMENDMENT  Enter Current Contract End Date <u>Prior</u> to Amendment:, 20	
PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department)	Enter Amendment Amount: \$ . (or "no change")	
Collective Burchase (Attach OSD approval, scope, budget)	AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)	
Department Procurement (includes State or Federal grants 815 CMR 2.00)	Amendment to Scope or Budget (Attach updated scope and budget)	
(Attach RFR and Response or other procurement supporting documentation)  Emergency Contract (Attach justification for emergency, scope, budget)	Interim Contract (Attach justification for Interim Contract and updated scope/budget)	
Contract Employee (Attach Employment Status Form, scope, budget)	Contract Employee (Attach any updates to scope or budget)  Legislative/Legal or Other: (Attach authorizing language/justification and updated scope	
X Legislative/Legal or Other: (Attach authorizing language/justilication,	and builded)	
scope and budget The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been exer	ruted, filed with CTR and is incorporated by reference into this Contract.	
X Commonwealth Terms and ConditionsCommonwealth Terms and Conditions	CONTRACTOR OF TRACTOR OF THE CONTRACTOR OF THE C	
in the state accounting system by sufficient appropriations of other non-appropriated for Rate Contract (No Maximum Obligation, Attach details of all rates, units, calculation of the contract (No Maximum Obligation for total duration).	ithorized performance accepted in accordance with the terms of this Contract will be supported ands, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. as, conditions or terms and any changes if rates or terms are being amended.) of this Contract (or <i>new</i> Total if Contract is being amended). \$154,065.00	
The second state of the se	igh EET 45 days from invoice receipt. Contractors requesting accelerated payments must	
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the municipalities of the Commonwealth. The award amount is determined by a certain identified in the annually published COA Formula Grant Guide. The activity performance and the complete control of the complete control of the complete control of the complete control of the c	period for this award is 7/1/2016 7 6/30/2018 The municipality will complete a final fiscal grant funding is continuent on satisfactory prior year performance.	
ANTICIPATED START DATE: (Complete ONE option only) The Department and Cor	stractor certify for this Contract, or Contract Amendment, that Contract obligations:	
4 was to be be set the Effective Date (latest signature date helow) and no ob	igations have been incurred <u>prior</u> to the <u>Effective Date</u> .	
	, and the parties agree that payments for any obligations incurred prior to the <u>Effective</u>	
Date are authorized to be made either as settlement payments or as authorized relimber	over releases the Commonwealth from further claims related to these obligations.	
CONTRACT END DATE: Contract performance shall terminate as of June 30th, 20 amended, provided that the terms of this Contract and performance expectations an for completing any negotiated terms and warranties, to allow any close out or transition.	I by the store shall curify its termination for the purpose of resolving any claim or dispute,	
amendments.	ne "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or partment or a later Contract or Amendment Start Date specified above, subject to any required	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, if  Amendment has been executed by an authorized signatory of the Contractor, the De	perference of a later Contract or Amendment Start Date specified above, subject to any required perfect of a later Contract or Amendment Start Date specified above, subject to any required perfector. Cartifications, (incorporated by reference if not attached hereto) under the pains and	
approvals. The Contractor makes all certifications required under the attached contractor	the general transport that all terms governing performance of this Contract and doing	
penalties of perjury, agrees to provide any required documentation upon request to support to inhabite, and grant pracedence the applicable Commonwealth Terms are		
Conditions, this Standard Contract Form including the Instructions and Contractor C	ig to the following filetactify of document precedency in the professions of the contractor's Response, condense over the relevant terms in the RFR and the Contractor's Response only if made using	
and additional negotiated terms, provided that additional negotiated terms will take pr	ecritications, the reducest of response (n. r.) of other contractor's Response only if made using eccedence over the relevant terms in the RFR and the Contractor's Response only if made using ded RFR or Response terms result in best value, lower costs, or a more cost effective Contract.	
the process outlined in 801 CMR 21.07, incorporated herein, provided that any amen	AVTHORIZING SIGNATURE FOR THE COMMONWEALTH:	
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	x. Lean lower Date: 2-1-18.	
X: Bull (all All in at Signature)	(Signature and Date Must Be Handwritten At Time of Signature)	
(Signature and Date Must Be Handwritten At Time of Signature)	Print Name: 12964 CODSELY	
Print Name: BILL CARPENTER. Print Title: MAYOR.	Print Title:	
11001 11001 12 12 12 12 12 12 12 12 12 12 12 12 12	, ,	

This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at <a href="https://www.mass.gov/osc">www.mass.gov/osc</a> under Guidance For Vendors - Forms or <a href="https://www.mass.gov/osc">www.mass.gov/osc</a> under OSD Forms.

CONTRACTOR LEGAL NAME:		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
TOWN OF BROOKFIELD		MMARS Department Code: ELD	
<u>Legai Address</u> : (W-9, W-4,T&C): PO BOX 334 BROOKFIELD MA 01506-0334		Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Barbara Clancy		Billing Address (if different):	
E-Mail: agatha6dot@gmail.com	_	Contract Manager: Stacey O'Connell	
Phone: 508-867-6043	Fax:	E-Majl: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: VC6000191737		Phone:1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.		MMARS DociD(s): FY18COABrookfield000	
Note: The Address ld Must be set up for <u>EFT</u> payme	nts.)	RFR/Procurement or Other ID Number: Grant Award	
X_Commonwealth Terms and Conditions	partment) partment) partment) partment ( par	CONTRACT AMENDMENT  Enter Current Contract End Date Prior to Amendment:	
in the state accounting system by sufficient appropriat  Rate Contract (No Maximum Obligation. Attach d  X Maximum Obligation Contract Enter Total Maxi  PROMPT PAYMENT DISCOUNTS (PPD): Commons	tions or other non-appropriated fur details of all rates, units, calculation mum Obligation for total duration wealth payments are issued thro	nds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  ns, conditions or terms and any changes if rates or terms are being amended.)  of this Contract (or new Total if Contract is being amended). \$7.537.74  up EFT 45 days from invoice receipt. Contractors requesting accelerated payments must	
identify a PPD as follows: Payment issued within 10 of 30 days % PPD. If PPD percentages are left blank, payment (subsequent payments scheduled to support s	days % PPD; Payment Issued identify reason: X agree to star standard EFT 45 day payment cyc	within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within ndard 45 day cycle statutoryllegal or Ready Payments ( <u>G.L. c. 29, § 23A);</u> only initial cle. See <u>Prompt Pay Discounts Policy.</u> )	
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2017 — 6/30/2018. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.		based allocation of available grant funding. Funds may support Council on Aging activities as period for this award is 7/1/2017 6/30/2018. The municipality will complete a final fiscal grant funding is contingent on satisfactory prior year performance.	
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:			
CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, 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 including the instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, 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 1/4/2018) Page 1

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This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by reguliation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approved. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/osc under OSD Forms.

WWW.mass.gov/osc under Goldance For Ver			
CONTRACTOR LEGAL NAME: OWN OF BROOKLINE		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs  MMARS Department Code: ELD	
egal Address: (W-9, W-4,T&C): 33 WASHINGTON ST BROOKLINE MA 02445-6853		Business Mailing Address: 1 Ashburton Place Room 51 7, Boston, MA 02108	
Contract Manager: Ruthann Dobek		Billing Address (if different):	
E-Mail: rdobek@brooklinema.gov		Contract Manager: Stacey O'Connell	
Phone: 617-730-2756	Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 3 8		Phone:1-617-222-7419 Fax: 1-617-727-9368	
		MMARS Doc ID(s): FY18COABrookline0000	
<u>Vendor Code Address ID (e.g. "AD001"): AD001.</u> Note: The Address Id Must be set up for <u>EFT p</u> ayme	nts.)	RFR/Procurement or Other ID Number: Grant Award	
		CONTRACT AMENDMENT	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check on	e option only)	Enter Current Contract End Date <u>Prior to Amendment:</u> , 20	
Statewide Contract (OSD or an OSD-designated Dep		Enter Amendment Amount: \$ (or "no change")	
Collective Purchase (Attach OSD approval, scope, but	udget)	AMENDMENT TYPE: (Check one option only. Attach details of Amendment c. hanges.)	
Department Procurement (includes State or Federal	grants 815 CMR 2.00)	Amendment to Scope or Budget (Attach updated scope and budget)	
(Attach RFR and Response or other procurement supplemented Contract (Attach justification for emergen	ncy, scope, budget)	Interim Contract (Attach justification for Interim Contract and updated scope/budget)	
Contract Employee (Attach Employment Status Form	i, scope, budget)	Contract Employee (Attach any updates to scope or budget)  Legislative/Legal or Other: (Attach authorizing language/justification and updated scope	
X Legislative/Legal or Other: (Attach authorizing la		and hudget)	
scope and budget  The following COMMONWEALTH TERMS AND COMMONWEAUTH	ONDITIONS (T&C) has been exe	cuted, filed with CTR and is incorporated by reference into this Contract.	
X Commonwealth Terms and Conditions	Commonwealth Terms and	CONGRECIST OF FIGURE AND GOODS CONTROLS	
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.)  X Maximum Obligation Contract. Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$104,915.00  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. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (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 locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Further play support Council on Aging activities as report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is confingent on satisfactory prior year performance.  ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:  1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date.  2. may be incurred as of 10			
Date are authorized to be made either as settlement payments or as authorized termiorized termiorized termiorized termiorized to be made either as settlement payments or as authorized termiorized terminated terminated terminated. Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.  CONTRACT END DATE: Contract performance shall terminate as of			
Amendment has been executed by an authorized sapprovals. The Contractor makes all certifications penalties of perjury, agrees to provide any required business in Massachusetts are attached or incorpo Conditions, this Standard Contract Form including and additional negotiated terms, provided that additing process outlined in 801 CMR 21.07, incorporat AUTHORIZING SIGNATURE FOR THE CONTRAL	required under the attached Cc required under the attached Cc I documentation upon request to rated by reference herein according the Instructions and Contractor (tional negotiated terms will take ped herein, provided that any amer CTOR:	the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or apartment, or a later Contract or Amendment Start Date specified above, subject to any required intractor Certifications (incorporated by reference if not attached hereto) under the pains and support compliance, and agrees that all terms governing performance of this Contract and doing not the following hierarchy of document precedence, the applicable Commonwealth Terms and certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, recedence over the relevant terms in the RFR and the Contractor's Response only if made using ded RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X: Date:  Vigignature and Date Must Be Handwritten At Time of Signature)  Print Name:  Print Title:	

(Updated 1/4/2018) Page 1

V 3

This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at <a href="https://www.mass.gov/osc/under/GSDForms">www.mass.gov/osc/under/GSDForms</a>.

CONTRACTOR LEGAL NAME: TOWN OF BUCKLAND	COMMONWEALTH DEPARTMENT NAME: Executive Office of Eider Affairs  MMARS Department Code: ELD		
Legal Address: (W-9, W-4,T&C): 17 STATE ST SHELBURNE FALLS MA 01370-1011	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108		
Contract Manager: Cathy Buntin	Billing Address (if different):		
E-Mail: director@sfseniorcenter.com	Contract Manager: Stacey O'Connell		
Phone: 413-625-2502 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us		
Contractor Vendor Code: VC6000191739	Phone:1-617-222-7419 Fax: 1-617-727-9368		
Vendor Code Address ID. (e.g. "AD001"): AD <u>001</u> .	MMARS Doc ID(s): FY18COABuckland00000		
Note: The Address Id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award		
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 State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) X Legislative/Legal or Other: (Attach authorizing language/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 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)  Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)		
The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been exe	cuted, filed with CTR and is incorporated by reference into this Contract. Conditions For Human and Social Services.		
in the state accounting system by sufficient appropriations or other non-appropriated fur Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculation.  X Maximum Obligation Contract. Enter Total Maximum Obligation for total duration.  PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through the properties of the payment issued within 10 days. % PPD; Payment issued 30 days. % PPD. If PPD percentages are left blank, identify reason: X agree to sta	ns, conditions or terms and any changes if rates or terms are being amended.) of this Contract (or <i>new</i> Total if Contract is being amended). \$4,993.85  ugh <u>EFT</u> 45 days from invoice receipt. Contractors requesting accelerated payments must within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within ndard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial		
payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See <a href="Prompt Pay Discounts Policy">Prompt Pay Discounts Policy</a> .  BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula-grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Fundamy support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2016 6/30/2016 the municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.			
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:			
<u>CONTRACT END DATE</u> : Contract performance shall terminate as of <u>June 30th, 20</u> amended, provided that the terms of this Contract and performance expectations and for completing any negotiated terms and warranties, to allow any close out or transition amendments.	118 with no new obligations being incurred after this date unless the Contract is properly dobligations shall survive its termination for the purpose of resolving any claim or dispute, in performance, reporting, invoicing or final payments, or during any lapse between		
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 makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, 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 including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X:			

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This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at <a href="https://www.mass.gov/osc/under/OSD Forms">www.mass.gov/osc/under/OSD Forms</a>.

WWW.mady.gotty.co under the control of www.madd.down		
CONTRACTOR LEGAL NAME: TOWN OF BURLINGTON	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
······································	MMARS Department Code: ELD	
Legal Address: (W-9, W-4,T&C): 29 CENTER ST BURLINGTON MA 01803-3058	<u>Business Mailing Address</u> : 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Margery R. McDonald	Billing Address (if different):	
E-Mail: mmcdonald@burlington.org	Contract Manager: Stacey O'Connell	
Phone: 781-270-1953 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 4 1	Phone:1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COABurlington000	
Note: The Address Id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award	
COMPENSATION: (Check ONE option): The Department certifies that payments for au in the state accounting system by sufficient appropriations or other non-appropriated fun Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculation X. Maximum Obligation Contract. Enter Total Maximum Obligation for total duration of PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 10 days % PPD; Payment issued within 10 days % PPD. If PPD percentages are left blank, identify reason: X agree to standard in the state of the standard payment issued within 10 days % PPD. If PPD percentages are left blank, identify reason: X agree to standard payment issued within 10 days % PPD.	Enter Current Contract End Date <u>Prior</u> to Amendment:	
30 days % PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (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 locally distribute a formula grant award to the Councils on Aging of he municipalities of the Commonwealth. The award amount is determined by a consus-based allocation of available grant funding. Funds gray support Council on Aging activities as dentified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2016) 6/30/2017. The municipality will complete a final fiscal accounting for how these grant funds were applied. Organical distribility for formula grant funding is confinent as satisfactory grant funds were performance.		
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:  1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date.  2. may be incurred as of		
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 shall be the latest date that this Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, 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 including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, 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 1/4/2018) Page 1

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This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/osc under OSD Forms.

COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs CONTRACTOR LEGAL NAME: CITY OF CAMBRIDGE MMARS Department Code: ELD Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108 Legal Address: (W-9, W-4,T&C): 795 MASSACHUSETTS AVE CAMBRIDGE MA 02139-3201 Billing Address (if different): Contract Manager: Susan Pacheco Contract Manager: Stacey O'Connell E-Mail: spacheco@cambridgema.gov E-Mail: Stacey.O'Connell@MassMail.state.ma.us Phone: 617-349-6220 Fax: Fax: 1-617-727-9368 Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 8 0 Phone:1-617-222-7419 MMARS Doc ID(s): FY18COACambridge0000 Vendor Code Address ID (e.g. "AD001"): AD001. Note: The Address Id Must be set up for EFT payments.) RFR/Procurement or Other ID Number: Grant Award CONTRACT AMENDMENT X NEW CONTRACT 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 State or Federal grants 815 CMR 2.00) Amendment to Scope or Budget (Attach updated scope and budget) (Attach RFR and Response or other procurement supporting documentation) Interim Contract (Attach justification for Interim Contract and updated scope/budget) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) Contract Employee (Attach any updates to scope or budget) Legislative/Legal or Other: (Attach authorizing language/justification and updated scope X Legislative/Legal or Other: (Attach authorizing language/justification, The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract. X Commonwealth Terms and Conditions Commonwealth Terms and Conditions For Human and Social Services. 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.) X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$140,941.00 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: X agree to standard 45 day cycle statutory/legal or Ready Payments (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 locally distribute a formula-grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funding support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2016 16/30/2016 the municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance. ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: \_\_\_\_1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date. 2. may be incurred as of \_\_\_\_\_, 20 \_\_\_, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date.

X 3. were incurred as of \_\_\_\_\_, 20 \_\_\_, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations. CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments. CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, 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 including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: Date: (Signature and Date Must Be Handwritten At Time of Signature) (Signature and Date Must Be Handwritten At Time of Signature) Lonnella Lovis De Pasquale Print Name: Print Title: Print Title: Manager

This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guid

	Standard God ( Gillard)	
CONTRACTOR LEGAL NAME: TOWN OF CANTON	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs  MMARS Department Code: ELD	
Legal Address: (W-9, W-4,T&C): 301 WASHINGTON ST CANTON MA 02021-2500	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Diane Tynan	Billing Address (if different):	
E-Mail: dtynan@town.canton.ma.us	Contract Manager: Stacey O'Connell	
Phone: 781-828-1323 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 4 2	Phone:1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COACanton0000000	
Note: The Address Id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award	
X NEW CONTRACT	. CONTRACT AMENDMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20	
Statewide Contract (OSD or an OSD-designated Department)	Enter Amendment Amount: \$	
Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (Includes State or Federal grants 815 CMR 2.00)	AMENDMENT TYPE: (Check one option only, Attach details of Amendment changes.)	
(Atlach RFR and Response or other procurement supporting documentation)	Amendment to 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)	Contract Employee (Attach any updates to scope or budget)	
Contract Employee (Attach Employment Status Form, scope, budget)  X Legislative/Legal or Other: (Attach authorizing language/justification,	Legislative/Legal or Other: (Attach authorizing language/justification and updated scope	
scope and budget	and budget)	
The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been exec X_Commonwealth Terms and ConditionsCommonwealth Terms and ConditionsCommonwealth Terms and Conditions	outed, filed with CTR and is incorporated by fererence into this Contract.  Conditions For Human and Social Services.	
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.)  X Maximum Obligation Contract. Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$47,889.00  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: X agree to standard 45 day cycle statutory/legal or Ready Payments (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 locally distribute a formula grant award to the Configlis on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may be prompted a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.		
ANTICIPATED START DATE: (Complete ONE option only) The Department and Con-	tractor certify for this Contract, or Contract Amendment, that Contract obligations:	
1, may be incurred as of the Effective Date (latest signature date below) and no obli	gations have been incurred <u>prior</u> to the <u>Effective Date</u> .	
2. may be incurred as of, 20, a date LATER than the Effective Date below. X_3, were incurred as of, 210_17, a date PRIOR to the Effective Date below, Date are authorized to be made either as settlement payments or as authorized reimburs.	and the parties agree that payments for any obligations incurred prior to the <u>Effective</u> sement payments, and that the details and circumstances of all obligations under this	
Contract are attached and incomprated into this Contract. Acceptance of payments fore:	ver releases the Commonwealth from further claims related to triese obligations.	
amended, provided that the terms of this Contract and performance expectations and for completing any negotiated terms and warranties, to allow any close out or transition amendments.		
Amendment has been executed by an authorized signatory of the Contractor, the Deta approvals. The Contractor makes all certifications required under the attached Contractor penalties of perjury, agrees to provide any required documentation upon request to subusiness in Massachusetts are attached or incorporated by reference herein according Conditions, this Standard Contract Form including the Instructions and Contractor Cont	e "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or partment, or a later Contract or Amendment Start Date specified above, subject to any required tractor Certifications (incorporated by reference if not attached hereto) under the pains and upport compliance, and agrees that all terms governing performance of this Contract and doing to the following hierarchy of document precedence, the applicable Commonwealth Terms and entifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, recedence over the relevant terms in the RFR and the Contractor's Response only if made using led RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  ANTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X:	

(Updated 1/4/2018) Page 1

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This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for agreements, engagement letters, contract forms or other additional terms as part of this Contract. An electronic copy of this form is available at

www.mass.gov/osc under Q	egal requirements that are incorporated by reduced by r	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs		
CONTRACTOR LEGAL NAME:		MMARS Department Code: ELD		
TOWN OF CARLISLE		Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108		
<u>Legal Address:</u> <b>(W-9, W-4,T&amp;C)</b> : PO BOX 624 CARLISLE MA 01741-062	24			
Contract Manager: David Klein		Billing Address (if different):		
E-Mail: dklein@carlislema.gov		Contract Manager: Stacey O'Connell		
Phone: 978-371-6693	Fax:	E-Mail: Stacey.O'Connell@MassMail.s	Fax: 1-617-727-9368	
Contractor Vendor Code: VC6000	191743	Phone:1-617-222-7419		
Vendor Code Address ID (e.g. "AD00		MMARS Doc ID(s): FY18COACarlisle00000		
Note: The Address Id Must be set up	of for EFT payments.)	RFR/Procurement or Other ID Number	r: Grant Award	
		CONTR	ACT AMENDMENT	
X NEW CONTRACT PROCUREMENT OR EXCEPTION T	YPE: (Check one option only)	Enter Current Contract End Date Prior	r to Amendment:, 20	
Statewide Contract (OSD or an OSI	-designated Department)	Enter Amendment Amount: \$	(or "no change")	
1	nnmvai sinde. Dudgeti	AMENDMENT TYPE: (Check one opti	ion only. Attach details of Amendment changes.)	
aphillating secondary of the children	State or Federal drains on State or Federal drains on State of State or Federal drains on State of State or Federal drains on Sta	Amendment to Scope or Budget (Atta	- I-tedm Contract and undated scope/budget)	
I we construct (Attach institut	procurement supporting documentation) ration for emergency, scope, budget)	1	r Interim Contract and updated scope/budget)	
F - K /Allach Continu	mani Siriis filiki. <b>Seudo, duunu</b> u	Contract Employee (Attach any update	es to scope of budgety thorizing language/justification and updated scope	
v I seletatival englor Other: (At	tach aumonzing ianguagerjusunculuri,			
scope and budget	HTERMS AND CONDITIONS (T&C) has been e	woulded filed with CTR and is incorporate	ed by reference into this Contract.	
X Commonwealth Terms and Con	ditionsCommonwealth Terms a	nd Conditions For Human and Social Services	ance with the terms of this Contract will be supported howed debts under 815 CMR 9.00.	
payment (subsequent payments sor  BRIEF DESCRIPTION OF CONTR the municipalities of the Commonwe identified in the annually published report accounting for how these gra  ANTICIPATED START DATE: (6  1. may be incurred as of the E	con Formula Grant Guide. The activity performs int funds were applied. Ongoing eligibility for form Complete ONE option only) The Department and fective Date (latest signature date below) and no	IDMENT: This contract is to locally distribute sus-based allocation of available grant funding ance period for this award is 7/1/2016 - 6/30/2 nula grant funding is contingent on satisfactor. Contractor certify for this Contract, or Contract pobligations have been incurred prior to the below and no obligations have been incurred.	a formula grant award to the Councils on Aging of g. Fundomay support Council on Aging activities as 201% The municipality will complete a final fiscal y prior year performance.  It Amendment, that Contract obligations:  Effective Date.  It prior to the Effective Date.	
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amended, provided that the terms	s of this Contract and performance expectations and warranties, to allow any close out or train	nsition performance, reporting, invoicing or til	nal payments, or during any lapse betters.	
1 amondments				
Amendment has been executed approvals. The Contractor make penalties of perjury, agrees to p business in Massachusetts are a Conditions, this Standard Contrand additional negotiated terms, the process outlined in 801 CM AUTHORIZING SIGNATURE F	by air autoclasses of the set all certifications required under the attached rovide any required documentation upon request attached or incorporated by reference herein acc act Form including the instructions and Contract, provided that additional negotiated terms will talk R 21.97, incorporated herein, provided that any a OR THE CONTRACTOR:  Date: List State of Signature)	to support compliance, and agrees that all to support compliance, and agrees that all tording to the following hierarchy of document of Certifications, the Request for Response ke precedence over the relevant terms in the unended RFR or Response terms result in be	Amendment shall be the latest date that this Contract or nent Start Date specified above, subject to any required reference if not attached hereto) under the pains and terms governing performance of this Contract and doing to precedence, the applicable Commonwealth Terms and (RFR) or other solicitation, the Contractor's Response, RFR and the Contractor's Response only if made using set value, lower costs, or a more cost effective Contract. OR THE COMMONWEALTH:  Date:	
	1). (9@170A-RJ)	Print Name:	NG CHO	
Print Name: TOWN AL	MINISTURL	X	' U	
<u> </u>		- No in the second		

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CONTRACTOR LEGAL NAME:		Lagrana	
TOWN OF CARVER		COMMONWEALTH DEPARTMENT NAME  MMARS Department Code: ELD	Executive Office of Elder Affairs
<u>Legal Address</u> : <b>(W-9, W-4,T&amp;C):</b> 108 MAIN ST CARVER MA 02330-2025		Business Mailing Address: 1 Ashburton	Place Room 517, Boston, MA 02108
Contract Manager: Carole Julius		Billing Address (if different):	
E-Mail: cjulius@carverpl.org		Contract Manager: Stacey O'Connell	
<u>Phone</u> : 508-866-4698	Fax:	E-Mail: Stacey.O'Connell@MassMail.state	maus
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 4 4		Phone:1-617-222-7419	Fax: 1-617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD001.		MMARS Doc ID(s): FY18COACarve	
Note: The Address Id Must be set up for <u>EFT</u> payme	nts.)	RFR/Procurement or Other ID Number: Gra	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check on Statewide Contract (OSD or an OSD-designated Depicollective Purchase (Attach OSD approval, scope, but Department Procurement (includes State or Federal grantment Procurement (includes State or Federal grantment Procurement (includes State or Federal grantment Procurement supplemergency Contract (Attach justification for emergen Contract Employee (Attach Employment Status Form, X Legislative/Legal or Other: (Attach authorizing las scope and budget  The following COMMONWEALTH TERMS AND COX Commonwealth Terms and Conditions  COMPENSATION: (Check ONE option): The Department in the state accounting system by sufficient appropriation the state accounting system by sufficient appropriation. Attach de X Maximum Obligation Contract Enter Total Maximum PROMPT PAYMENT DISCOUNTS (PPD): Commonwidentify a PPD as follows: Payment issued within 10 dentify a PPD as follows: Payment issued within 10 dentify a PPD as follows: Payment issued within 10 dentify a PPD as follows: Payment issued within 10 dentify a PPD as follows: Payment issued within 10 dentify a PPD as follows: Payment issued within 10 dentify a PPD as follows:	artment) dget) trants <u>815 CMR 2.00</u> ) orting documentation) cy, scope, budget) scope, budget) nguage/justification,  NDITIONS (T&C) has been exerCommonwealth Terms and the certifies that payments for au ons or other non-appropriated functions of all rates, units, calculation on Obligation for total duration of	Enter Current Contract End Date <u>Prior</u> to Al Enter Amendment Amount: \$	or "no change")  Ally. Attach details of Amendment changes.)  dated scope and budget)  m Contract and updated scope/budget)  cope or budget)  ng language/justification and updated scope  eference into this Contract.  th the terms of this Contract will be supported debts under 815 CMR 9.00.  I terms are being amended.)  amended). \$22,546,36
30 days % PPD. If PPD percentages are left blank, in payment (subsequent payments scheduled to support st <u>BRIEF DESCRIPTION OF CONTRACT PERFORMANY</u> , the municipalities of the Commonwealth. The award am  identified in the annually published COA Formula Grant or  report accounting for how these grant funds were applied  ANTICIPATED START DATE: (Complete ONE option   1. may be incurred as of the <u>Effective Date</u> (latest si  2. may be incurred as of	dentify reason: X agree to stan andard EFT 45 day payment cycl CE or REASON FOR AMENDM! ount is determined by a census-b Guide. The activity performance I. Ongoing eligibility for formula goonly) The Department and Contriguent at the below) and no obliging only the Effective Date below.	dard 45 day cycle statutory/legal or Ready Pay e. See <u>Prompt Pay Discounts Policy.</u> ) <u>ENT:</u> This contract is to locally distribute a formula assed allocation of available grant funding. Funds period for this award is 7/1/2017 – 6/30/2018. The trant funding is contingent on satisfactory prior ye actor certify for this Contract, or Contract Amendiations have been incurred <u>prior</u> to the <u>Effective I</u>	a 20 days % PPD; Payment issued within ments (G.L. c. 29, § 23A); only initial a grant award to the Councils on Aging of a may support Council on Aging activities as a municipality will complete a final fiscal ar performance.  ment, that Contract obligations:  Date.
Date are authorized to be made either as settlement pays  Contract are attached and incorporated into this Contract	ments or as authorized reimburse . Acceptance of payments foreve	and the parties agree that payments for any obliga- ment payments, and that the details and circums or releases the Commonwealth from butthes claim	ations incurred prior to the <u>Effective</u> tances of all obligations under this
CONTRACT END DATE: Contract performance shall to amended, provided that the terms of this Contract and for completing any negotiated terms and warranties, to amendments.	performance expectations and	with no new obligations being incurred after this	s date unless the Contract is properly
CERTIFICATIONS: Notwithstanding verbal or other re Amendment has been executed by an authorized signic approvals. The Contractor makes all certifications requested penalties of perjury, agrees to provide any required documents of perjury, agrees to provide any required documents of perjury, agrees to provide any required documents of penalties of perjury, agrees to provide any required documents of penalties of penalt	uired under the attached Contractur, are beparamentation upon request to supply the preference herein according to Instructions and Contractor Cert I negotiated terms will take precederein, provided that any amended R:  Signature)	tartent, or a later Contract or Amendment Start is actor Certifications (incorporated by reference in port compliance, and agrees that all terms gover to the following hierarchy of document precedence difications, the Request for Response (RFR) or or dence over the relevant terms in the RFR and the RFR or Response terms result in best value, low AUTHORIZING SIGNATURE FOR THE COX:  (Signature and Date) Must Be Handwritten Authoritien Authorities and Date) Must Be Handwritten Authorities and Date) Must Be Handwritten Authorities and Date Must Be Handwritten Authorit	Date specified above, subject to any required frot attached hereto) under the pains and ming performance of this Contract and doing te, the applicable Commonwealth Terms and other solicitation, the Contractor's Response, the Contractor's Response only if made using year costs, or a more cost effective Contract.  MMONWEALTH:

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CONTRACTOR LEGAL NAME:		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs
TOWN OF CHARLEMONT		MMARS Department Code: ELD
Legal Address: (W-9, W-4,T&C): 157 MAIN ST CHARLEMONT MA 01339-9703		Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
Contract Manager: Camille C. White		Billing Address (if different):
E-Mail: coa@charlemont-ma.us		Contract Manager: Stacey O'Connell
	Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 4 5		Phone:1-617-222-7419 Fax: 1-617-727-9368
Vendor Code Address ID (e.g. "AD001"); AD001.		MMARS Doc ID(s): FY 18 C O A Charlemont 000
Note: The Address Id Must be set up for <u>EFT</u> paymen	its.)	RFR/Procurement or Other ID Number: Grant Award
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one Statewide Contract (OSD or an OSD-designated Depa Collective Purchase (Attach OSD approval, scope, but Department Procurement (includes State or Federal g (Attach RFR and Response or other procurement supp Emergency Contract (Attach justification for emergent Contract Employee (Attach Employment Status Form, X Legislative/Legal or Other: (Attach authorizing lar scope and budget  The following COMMONWEALTH TERMS AND CO X Commonwealth Terms and Conditions  COMPENSATION: (Check ONE option): The Departr in the state accounting system by sufficient appropriate Detaction of the Most of the Most of the State of Contract (New Most of the State of Attach of Attach of Attach of States)  Reference (New Most of the States)	e option only) artment) dget) rants 815 CMR 2.00) orting documentation) cy, scope, budget) scope, budget) nguage/justification,  NDITIONS (T&C) has been exec Commonwealth Terms and 0 ment certifies that payments for au obails of all rates, units, calculation	CONTRACT AMENDMENT  Enter Current Contract End Date <u>Prior</u> to Amendment:
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report accounting for how these grant funds were applie  ANTICIPATED START DATE: (Complete ONE optic  1. may be incurred as of feetive Date (latest 2. may be incurred as of July 1st, 2017, a date P  X 3. were incurred as of July 1st, 2017, a date P	ad. Ongoing eligibility for formula and control on only) The Department and Control of the Signature date below) and no oblinated that the Effective Date below armounts or as authorized reimburgers.	grant funding is contingent on satisfactory prior year performance.  tractor certify for this Contract, or Contract Amendment, that Contract obligations: gations have been incurred <a href="mailto:prior">prior</a> to the <a href="mailto:Effective Date">Effective Date</a> .  and the parties agree that payments for any obligations incurred prior to the <a href="mailto:Effective">Effective</a> and that the details and circumstances of all obligations under this
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Amendment has been executed by an authorized sign approvals. The Contractor makes all certifications in penalties of perjury, agrees to provide any required to business in Massachusetts are attached or incorporare Conditions, this Standard Contract Form including the and additional negotiated terms, provided that additional negotiated terms, provided that additional process outlined in 801 CMR 21.07, incorporated AUTHORIZING SIGNATURE FOR THE CONTRACTORY.  X: Contractory and Date Must Be Handwritten At Time	gnatory of the Contractor, the Dependent of the attached Confocumentation upon request to suited by reference herein according the Instructions and Contractor Contractor Contractor Contractor, provided that any amend TOR:  Date: 2/5/8.	e "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or partment, or a later Contract or Amendment Start Date specified above, subject to any required tractor Certifications (incorporated by reference if not attached hereto) under the pains and upport compliance, and agrees that all terms governing performance of this Contract and doing to the following hierarchy of document precedence, the applicable Commonwealth Terms and pertifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, codence over the relevant terms in the RFR and the Contractor's Response only if made using led RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X: Date:  (Signature and Date Must Be Handwritten At Time of Signature)  Print Name:  Print Title:

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WWW.Mass.gov/osc under Guidance Foi Vendors -1 orms of WWW.mass.gov/osc	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs
ONTRACTOR LEGAL NAME: OWN OF CHARLTON	MMARS Department Code: ELD
egal Address: (W-9, W-4,T&C):	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
7 MAIN ST CHARLTON MA 01507-1382 Contract Manager: Elaine Materas	Billing Address (if different):
Contract manager: Etaine materias E-Mail: Elaine,Materas@townofcharlton.net	Contract Manager: Stacey O'Connell
Phone: 508-248-2231 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 4 6	Phone:1-617-222-7419 Fax: 1-617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD <u>001</u> .	MMARS Doc ID(s): FY18COACharlton00000
Note: The Address Id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award
X NEW CONTRACT	CONTRACT AMENDMENT
PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	Enter Current Contract End Date Prior to Amendment:, 20
Statewide Contract (OSD or an OSD-designated Department)	Enter Amendment Amount: \$ (or "no change")
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Department Procurement (Includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)	Amendment to 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)	
Contract Employee (Attach Employment Status Form, scope, budget)  X Legislative/Legal or Other: (Attach authorizing language/justification,	Contract Employee (Attach any updates to scope or budget) Legislative/Legal or Other. (Attach authorizing language/justification and updated scope
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THE SAME CONTROL THE TERMS AND CONDITIONS (T&C) has been exec	cuted, filed with CTR and is incorporated by reference into this Contract.  Conditions For Human and Social Services.
identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued:  30 days % PPD, If PPD percentages are left blank, identify reason: X agree to stan payment (subsequent payments scheduled to support standard EFT 45 day payment cyc.  BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDM the municipalities of the Commonwealth. The award amount is determined by a census-identified in the annually published COA Formula Grant Guide. The activity performance report accounting for how these grant funds were applied. Ongoing eligibility for formula.  ANTICIPATED START DATE: (Complete ONE option only) The Department and Contact and the incurred as of the Effective Date (latest signature date below) and no oblication.  2. may be incurred as of	Igh EFT 45 days from invoice receipt. Contractors requesting accelerated payments must within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within adard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29. § 23A); only initial ite. See Prompt Pay Discounts Policy.)  ENT: This contract is to locally distribute a formula grant award to the Councils on Aging of based allocation of available grant funding. Funds may support Council on Aging activities as period for this award is 7/1/2015 - 6/30/2016. The principality will complete a final fiscal grant funding is contingent on satisfactory prior year performance.  It ractor certify for this Contract, or Contract Amendment, that Contract obligations: gations have been incurred prior to the Effective Date.  In and the parties agree that payments for any obligations incurred prior to the Effective Date.  In and the parties agree that payments for any obligations incurred prior to the Effective Date.  In and the parties agree that payments for any obligations incurred prior to the Effective Date.  In and the parties agree that payments for any obligations incurred prior to the Effective Date.  In and the parties agree that payments for any obligations incurred prior to the Effective Date.
CONTRACT END DATE: Contract performance shall terminate as of <u>June 30th, 20</u> amended, provided that the terms of this Contract and performance expectations and for completing any negotiated terms and warranties, to allow any close out or transition amendments.	d obligations shall survive its termination for the purpose of resolving any claim or dispute, in performance, reporting, invoicing or final payments, or during any lapse between
Amendment has been executed by an authorized signatory of the Contractor, the Dej approvals. The Contractor makes all certifications required under the attached Contractor penalties of perjury, agrees to provide any required documentation upon request to st business in Massachusetts are attached or incorporated by reference herein according Conditions, this Standard Contract Form including the Instructions and Contractor Conditions.	re "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or partment, or a later Contract or Amendment Start Date specified above, subject to any required attractor Certifications (incorporated by reference if not attached hereto) under the pains and support compliance, and agrees that all terms governing performance of this Contract and doing to the following hierarchy of document precedence, the applicable Commonwealth Terms and ertifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, excedence over the relevant terms in the RFR and the Contractor's Response only if made using led RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X:    Signature and Date Hust Be Handwritten At Time of Signature)   Print Name:   Print Title:   Prin

This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guid

www.mass.gov/osc under Guidance For Vendors - Forms_or www.mass.gov/o	usa diluci Coop sama.
CONTRACTOR LEGAL NAME: TOWN OF CHATHAM	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs  MMARS Department Code: ELD
Legal Address: (W-9, W-4,T&C): 549 MAIN ST CHATHAM MA 02633-2279	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
Contract Manager: Mandi Speakman	Billing Address (if different):
E-Mail: aspeakman@chatham-ma.gov	Contract Manager: Stacey O'Connell
Phone: 508-945-5190 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us
Contractor Vendor Code: V C 6000191747	Phone:1-617-222-7419 Fax: 1-617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COAChatham000000
Note: The Address Id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award
COMPENSATION: (Check ONE option): The Department certifies that payments for ain the state accounting system by sufficient appropriations or other non-appropriated furnate Contract (No Maximum Obligation. Attach details of all rates, units, calculation X Maximum Obligation Contract Enter Total Maximum Obligation for total duration  PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through the period of the payment issued within 10 days % PPD; Payment issued 30 days % PPD. If PPD percentages are left blank, identify reason: X agree to state payment (subsequent payments scheduled to support standard EFT 45 day payment DBRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDA	uthorized performance accepted in accordance with the terms of this Contract will be supported inds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. ons, conditions or terms and any changes if rates or terms are being amended.) of this Contract (or new Total if Contract is being amended). \$28,528.00 ons this Contract (or new Total if Contract is being amended). \$28,528.00 ons this Contract (or new Total if Contract is being amended). \$28,528.00 ons this Contract (or new Total if Contract is period accelerated payments must within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within indicated 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial rick. See Prompt Pay Discounts Policy.)  MENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the passed allocation of available grant funding. Furths may support Council on Aging activities as
identified in the annually published COA Formula Grant Guide. The activity performance report accounting for how these grant funds were applied. Ongoing eligibility for formula   ANTICIPATED START DATE: (Complete ONE option only) The Department and Col	a grant funding is contingent on satisfactory prior year performance.  Intractor certify for this Contract, or Contract Amendment, that Contract obligations:  Iligations have been incurred <u>prior</u> to the <u>Effective Date</u> .  It is a square to the the thin the thin the payments for any obligations incurred prior to the <u>Effective Date</u> .  It is a square to the thin the thin the payments for any obligations incurred prior to the <u>Effective payments</u> and that the details and circumstances of all obligations under this
Contract are attached and incorporated into this Contract. Acceptance of payments for CONTRACT END DATE: Contract performance shall terminate as of June 30th, 20 amended, provided that the terms of this Contract and performance expectations are for completing any negotiated terms and warranties, to allow any close out or transition amended.	by the releases the Commonweal in inchined after this date unless the Contract is properly obligations shall survive its termination for the purpose of resolving any claim or dispute, on performance, reporting, invoicing or final payments, or during any lapse between
Amendment has been executed by an authorized signatory of the Contractor, the De approvals. The Contractor makes all certifications required under the attached Co penalties of perjury, agrees to provide any required documentation upon request to business in Massachusetts are attached or incorporated by reference herein according to the Instructions, this Standard Contract Form including the Instructions and Contractor Conditions.	the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or appartment, or a later Contract or Amendment Start Date specified above, subject to any required intractor Certifications (incorporated by reference if not attached hereto) under the pains and support compliance, and agrees that all terms governing performance of this Contract and doing not the following hierarchy of document precedence, the applicable Commonwealth Terms and Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, recedence over the relevant terms in the RFR and the Contractor's Response only if made using ided RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X: Date:  X: Date:  Print Name:  Print Title:

(Updated 3/4/2018) Page 1

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CONTRACTOR LEGAL NAME: TOWN OF CHELMSFORD		COMMONWEALTH DEPARTI		ve Office of Elder Affairs
<u>Legal Address:</u> ( <b>W-9, W-4,T&amp;C):</b> 50 BILLERICA RD CHELMSFORD MA 01824-3162			Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Debra Siriani		Billing Address (if different):		
E-Mail: dsiriani@townofchelmsford.us		Contract Manager: Stacey O	'Connell	
Phone: 978-251-0533	Fax:	E-Mail: Stacey.O'Connell@M		
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 4 8	<u></u>	Phone:1-617-222-7419		1-617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD001.		MMARS Doc ID(s): FY18C		
Note: The Address Id Must be set up for EFT paymen	nts.)	RFR/Procurement or Other ID		
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 State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been execu		Enter Current Contract End Di Enter Amendment Amount: \$ AMENDMENT TYPE: (Check of Amendment to Scope or Buddenterim Contract (Attach justific Contract Employee (Attach an Legislative/Legal or Other: (Attach budget)	one option only. Attact one option only. Attact get (Attach updated sco cation for Interim Contract by updates to scope or buttach authorizing language	nt:, 20 ange") th details of Amendment changes.) ope and budget) act and updated scope/budget) oudget) uge/justification and updated scope
The following COMMONWEALTH TERMS AND CO _X_Commonwealth Terms and Conditions	NDITIONS (T&C) has been exec- Commonwealth Terms and (	cuted, filed with CTR and Is inco Conditions For Human and Social S	rporated by reference Services.	into this Contract.
COMPENSATION: (Check ONE option): The Departn in the state accounting system by sufficient appropriating the State accounting system by sufficient appropriation. Attach downward of the State Contract (No Maximum Obligation	tions or other non-appropriated functions of all rates, units, calculations mum Obligation for total duration of wealth payments are issued throug days % PPD; Payment issued wildentify reason: X agree to stancial dentify reason: X agree to stancial.	nds, subject to intercept for Commons, conditions or terms and any chapt this Contract (or new Total if Congh EFT 45 days from invoice reconsisting 15 days % PPD; Paymer dard 45 day cycle statutoryllegal	onwealth owed debts und anges if rates or terms an atract is being amended) eipt. Contractors reques ant issued within 20 days or Ready Payments (G	der 815 CMR 9.00. ure being amended.) ). \$73.254.00 sting accelerated payments must s % PPD: Payment issued within
payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: the municipalities of the Commonwealth. The award amount is determined by a census-based identified in the annually published COA Formula Grant Guide. The activity performance period report accounting for how these grant funds were applied. Ongoing eligibility for formula grant for the control of th		ENT: This contract is to locally distroased allocation of available grant for period for this award is 7/1/2016)-grant funding is contingent on satisf	ribute a formule grant av funding. Furfas may sup 6/30/2018 Rie paunicip factory prior year perform	pport Council on Aging activities as pality will complete a final fiscal mance.
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:			ctive Date. curred prior to the <u>Effective</u> of all obligations under this t to these obligations.	
CONTRACT END DATE: Contract performance shall amended, provided that the terms of this Contract and for completing any negotiated terms and warranties, to amendments.	terminate as of <u>June 30th, 2018</u> of performance expectations and continued to the second continued to	8 with no new obligations being in obligations shall survive its termin	curred after this date un nation for the purpose o	nless the Contract is properly of resolving any claim or dispute,
CERTIFICATIONS: Notwithstanding verbal or other re Amendment has been executed by an authorized sign approvals. The Contractor makes all certifications repenalties of perjury, agrees to provide any required do business in Massachusetts are attached or incorporate Conditions, this Standard Contract Form including the and additional negotiated terms, provided that addition the process outlined in 801 CMR 21.07, incorporated In AUTHORIZING SIGNATURE FOR THE CONTRACTO X:  (Signature and Date Must Be Handwritten At Time or Print Name:  Print Title:	matory of the Contractor, the Departured under the attached Contractor under the attached Contractor upon request to supplied by reference herein according to a Instructions and Contractor Certinal negotiated terms will take precent provided that any amended OR:  Date:	artment, or a later Contract or Ameractor Certifications (incorporated oport compliance, and agrees that to the following hierarchy of docum tifications, the Request for Respondedence over the relevant terms in	endment Start Date spec by reference if not atta- all terms governing per- ment precedence, the ap- ment precedence, the ap- nts (RFR) or other solic the RFR and the Contra- plest value, lower costs, EFOR THE COMMONY	ecified above, subject to any required ached hereto) under the pains and rformance of this Contract and doing pplicable <u>Commonwealth Terms and</u> icitation, the Contractor's Response, actor's Response only if made using s, or a more cost effective Contract.  WEALTH:  Date:

(Updated 1/4/2018) Page 1

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agreements, engagement letters, contract forms or other additional terms of definitions, instructions and legal requirements that are incorporated by referent definitions, instructions and legal requirements.	ce Into this Contract, An electronic copy of this total is available to
definitions, instructions and legal requirements that are incorporated by leteral www.mass.gov/osg under <u>Guldance For Vendors - Forms</u> or <u>www.mass.gov/o</u>	sd under OSD Forms.  COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs
ONTRACTOR LEGAL NAME:	Laurana Ramatanat Code: Fi D
TY OF CHELSEA	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
egal Address: (W-9, W-4,T&C);	
O BROADWAY CHELSEA MA 02 100-2840	Billing Address (if different):
ontract Manager: Tracy M. Nowicki	Contract Manager: Stacey O'Connell
-Mail: Tnowicki@chelseama.gov	E-Mail: Stacey.O'Connell@MassMail.state,ma.us
hone: 617-466-4377	Phone:1-617-222-7419 Fax: 1-617-727-9300
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 8 3	MMARS Doc [Dis]: FY18COAChelsea000000
/endor Code Address ID (e.g. "AD001"): AD001,	RFR/Procurement or Other ID Number: Grant Award
Note: The Address Id Must be set up for EFT payments.)	CONTRACT AMENUMENT
X NEW CONTRACT	Contract End Date Prior to Amendment:
DEACHEMENT OR EXCEPTION TYPE: (CHECK ONE OPICE CHIEF	Enter Amendment Amount: \$(or "no change")  Enter Amendment Amount: \$(or "no change")
Statewide Contract (OSD or an OSD-designated Department)	I TWO TO THE TOTAL AND COURT DILLY, AMERICAN DESCRIPTION OF THE PROPERTY OF THE PROPERT
Statewide Contract (USD of an Oso-bedgate Statewide Contract (USD of an Oso-bedgate State OSD approval, scope, budget)  Collective Purchase (Attach OSD approval, scope, budget)  Department Procurement (includes State or Federal grants 815 CMR 2.00)  Department Procurement (includes State or Federal grants 815 CMR 2.00)	
Department Procurement (includes State of Techniques Control government Supporting documentation) (Attach RFR and Response or other procurement supporting documentation)	Interim Contract (Altach justification for Interim Contract and appears of
Emergency Contract (Attact Justilication for Charles Form score budget)	Internate Contract (Nation and updates to scope or budget)  Contract Employee (Attach any updates to scope or budget)  Legislative/Legal or Other: (Attach authorizing language/justification and updated scope
Contract Employee (Attach Employment States I language fuetification.	Legislative/Legal or Other: (Attack during the state of t
and builded	I find with CTD and is incorporated by reference into this day
The following COMMONWEALTH TERMS AND CONDITIONS (1865) has been X Commonwealth Terms and Conditions Commonwealth Terms are	rauthorized performance accepted in accordance with the terms of this Contract will be supported funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
identify a PPD as follows. Talking are left blank, identify reason: X agree to 30 days % PPD. If PPD percentages are left blank, identify reason: X agree to payment (subsequent payments scheduled to support standard EFT 45 day payment payment (subsequent payments scheduled to support standard EFT 45 day payment payment (subsequent payment).  BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMEN	sus-based allocation of available grant uniong.
identified in the annually published down these grant funds were applied. Ongoing eligibility for form	nula grant runding is contingent or Contract Amendment, that Contract obligations:
ANTICIPATED START DATE: (Complete ONE option only) The Department and  1. may be incurred as of the Effective Date (latest signature date below) and no	obligations have been incurred prior to the Effective Date.
2. may be incurred as of July 1st, 2017, a date PRIOR to the Effective Date by 3. were incurred as of July 1st, 2017, a date PRIOR to the Effective Date by	elow, and the parties agree that payments to the standard circumstances of all obligations under this physement payments, and that the details and circumstances of all obligations.
I Date are difficult to the light cluster as the companies	torough released and Commonwood
amended, provided that the terms of this Contract and performance expectation	s and obligations shall survive to comments, or during any tapse between institute performance, reporting, invoicing or final payments, or during any tapse between
In completing any negotiated to the same	that this Contract of
	ies, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Department, or a later Contract or Amendment Start Date specified above, subject to any required to Department, or a later Contract or Amendment Start Date specified above, subject to any required to Contractor Certifications (incorporated by reference if not attached hereto) under the pains and to support compliance, and agrees that all terms governing performance of this Contract and doing to the following hierarchy of document precedence, the applicable Commonwealth Terms and cording to the following hierarchy of document precedence, the applicable Commonwealth Terms and cording to the following hierarchy of document precedence, the applicable Commonwealth Terms and cording to the following hierarchy of document precedence, the applicable Commonwealth Terms and cording to the following hierarchy of document precedence, the applicable Commonwealth Terms and cording to the following hierarchy of document precedence, the applicable Commonwealth Terms and cording to the following hierarchy of document precedence, the applicable Commonwealth Terms and cording to the following hierarchy of document precedence, the applicable Commonwealth Terms and cording to the following hierarchy of document precedence, the applicable Commonwealth Terms and cordinates the contractors are considered to the contractors and the contractors are contractors and contractor
penallies of perjury, agrees to provide an incorporated by reference herein acc	cording to the inglowing increased for Response (RFR) or other solicitation, the Contractor's Response
Conditions, this stational versions and additional negotiated terms will to and additional negotiated terms, provided that additional negotiated terms, provided that any unification in and CMR 21.07/ incorporated herein, provided that any	cording to the following including the Response (RFR) or other solicitation, the Contractor's Response clor Certifications, the Request for Response (RFR) or other solicitations, the Request for Response only if made using sike precedence over the relevant terms in the RFR and the Contract's Response only if made using the precedence over the relevant terms in the RFR and the Contract's Response only if made using the precedence over the relevant terms in the RFR and the Contract's Response only if made using the precedence over the relevant terms in the RFR and the Contract's Response only if made using the precedence over the relevant terms in the RFR and the Contractor's Response only if made using the precedence over the relevant terms in the RFR and the Contractor's Response only if made using the precedence over the relevant terms in the RFR and the Contractor's Response only if made using the precedence over the relevant terms in the RFR and the Contractor's Response only if made using the precedence over the relevant terms in the RFR and the Contractor's Response only if made using the precedence over the relevant terms in the RFR and the Contractor's Response only if made using the precedence over the relevant terms in the RFR and the Contractor's Response only if made using the precedence over the relevant terms in the RFR and the Contractor's Response only if made using the relevant terms in the RFR and the Contractor's Response only if made using the RFR and
AUTHORIZING SIGNATURE FOR THE COUNTY-OF SIGNATURE  X: What I will be dear time of Signature	X: Date: (Signature and Date Must Be Handwritten At Time of Signature)
Signature and Date Must Be Handwritten At Time of Signature  Print Name: WWW.S. C. Francisco V. S. V.  Print Title: W. Manuary	Print Name: Print Title:
	$\mathcal{O}(c)$

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COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs  MMARS Department Code: ELD  Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108  Billing Address (if different):  Contract Manager: Stacey O'Connell  E-Mail: Stacey.O'Connell@MassMail.state.ma.us  Phone:1-617-222-7419 Fax: 1-617-727-9368  MMARS Doc (D(s): FY 18 C O A C h e s h i r e 0 0 0 0 0  RFR/Procurement or Other ID Number: Grant Award		
Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108  Billing Address (if different):  Contract Manager: Stacey O'Connell  E-Mail: Stacey.O'Connell@MassMail.state.ma.us  Phone:1-617-222-7419 Fax: 1-617-727-9368  MMARS Doc ID(s): FY 1 8 C O A C h e s h i r e 0 0 0 0 0  RFR/Procurement or Other ID Number: Grant Award		
Contract Manager: Stacey O'Connell  E-Mail: Stacey.O'Connell@MassMail.state.ma.us  Phone:1-617-222-7419 Fax: 1-617-727-9368  MMARS Doc ID(s): FY 18 C O A C heshire 0 0 0 0 0  RFR/Procurement or Other ID Number: Grant Award		
Contract Manager: Stacey O'Connell  E-Mail: Stacey.O'Connell@MassMail.state.ma.us  Phone:1-617-222-7419 Fax: 1-617-727-9368  MMARS Doc ID(s): FY 18 C O A C heshire 0 0 0 0 0  RFR/Procurement or Other ID Number: Grant Award		
Phone:1-617-222-7419   Fax: 1-617-727-9368		
Phone:1-617-222-7419   Fax: 1-617-727-9368		
RFR/Procurement or Other ID Number: Grant Award		
RFR/Procurement or Other ID Number: Grant Award		
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 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)  Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)		
executed, filed with CTR and is incorporated by reference into this Contract. and Conditions For Human and Social Services.		
rauthorized performance accepted in accordance with the terms of this Contract will be supported funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. Itions, conditions or terms and any changes if rates or terms are being amended.) on of this Contract (or new Total if Contract is being amended). \$7.600.87		
rough EFT_45 days from invoice receipt. Contractors requesting accelerated payments must ed within 15 days   % PPD; Payment issued within 20 days   % PPD; Payment issued within standard 45 day cycle statutory/legal or Ready Payments (G.t. c. 29, § 23A); only initial cycle. See Prompt Pay Discounts Policy.)		
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Contractor certify for this Contract, or Contract Amendment, that Contract obligations:		
1. may be incurred as of the <u>Effective Date</u> (latest signature date below) and <u>no</u> obligations have been incurred <u>prior</u> to the <u>Effective Date</u> .		
relow and <u>no</u> obligations have been incurred <u>prior</u> to the <u>Effective Date</u> .  by, and the parties agree that payments for any obligations incurred prior to the <u>Effective</u> bursement payments, and that the details and circumstances of all obligations under this		
relow and <u>no</u> obligations have been incurred <u>prior</u> to the <u>Effective Date</u> .  bow, and the parties agree that payments for any obligations incurred prior to the <u>Effective</u>		

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www.snass.gov/coc diluci Caldance i Or Ver	SUDIO - LOURID OF MANALUEGOIGO	11000 GRACI COD 1 GRACE		
CONTRACTOR LEGAL NAME:		COMMONWEALTH DEPARTMENT NAME:	Executive Office of Elder Affairs	
TOWN OF CHESTER		MMARS Department Code: ELD		
<u>Legal Address:</u> (W-9, W-4,T&C): 15 MIDDLEFIELD RD CHESTER MA 01011		Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108		
Contract Manager: SUSAN KUCHARSKI		Billing Address (if different):	Billing Address (if different):	
E-Malk: chester.má.coa@gmall.com		Contract Manager: Stacey O'Connell		
Phone: 508-841-8640	Fax:	E-Mait: Stacey.O'Connell@MassMail.state.	ma.us	
Contractor Vendor Code: VC6000191760		<u>Рhоле</u> :1-617-222-7419	Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001,		MMARS Doc ID(s): FY18COAShrew:	sbury000	
Note: The Address id Must be set up for <u>EFT</u> paymer	nts.)	RFR/Procurement or Other ID Number: Gra	nt Award	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one Statewide Contract (OSD or en OSD-designated Depa Collective Purchase (Attach OSD approval, scope, bu	ariment)	Enter Current Contract End Date <u>Prior</u> to An Enter Amendment Amount: \$ (		
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)  Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget)  X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget)		AMENDMENT TYPE: (Check one option on Amendment to Scope or Budget (Attach up Interim Contract (Attach justification for Interior Contract Employee (Attach any updates to stagislative/Legal or Other: (Attach authorizing and budget)	dated scope and budget) m Contract and updated scope/budget) cope or budget)	
The following COMMONWEALTH TERMS AND CO X_Commonwealth Terms and Conditions	NDITIONS (T&C) has been ex Commonwealth Terms an		eference into this Contract.	
COMPENSATION: (Check ONE option): The Department in the state accounting system by sufficient appropriat  Rate Contract (No Maximum Obligation. Attach d X Maximum Obligation Contract Enter Total Maximum	ions or other non-appropriated f etalls of all rates, units, calculat	unds, subject to intercept for Commonwealth owed lons, conditions or terms and any changes if rates o	debts under 815 CMR 9.00. or terms are being amended.)	
PROMPT PAYMENT DISCOUNTS (PPD): Commonvidentify a PPD as follows: Payment issued within 10 of 30 days % PPD. If PPD percentages are left blank, payment (subsequent payments scheduled to support states).	tays % PPD; Payment Issue Identify reason: _X_agree to st	d within 15 days	n 20 days % PPD; Payment issued within	
BRIEF DESCRIPTION OF CONTRACT PERFORMAN the municipalities of the Commonwealth. The award ar identified in the annually published COA Formula Grant report accounting for how these grant funds were applie	mount is determined by a censual Guide. The activity performand	s-based allocation of available grant funding. Fund ce period for this award is 7/1/2017 – 6/30/2018. Ti	ls may support Council on Aging activities as he municipality will complete a final fiscal	
ANTICIPATED START DATE: (Complete ONE option	n only) The Department and Co	ontractor certify for this Contract, or Contract Amend	lment, that Contract obligations:	
1. may be incurred as of the <u>Effective Date</u> (latest and a set of, 20, a date LA, 20, a date LA, 2017, a date PI, 2017, a date PI	ATER than the <u>Effective Date</u> be RIOR to the <u>Effective Date</u> belor syments or as authorized reimbu ct. Acceptance of payments for	elow and <u>no</u> obligations have been incurred <u>prior</u> to w, and the parties agree that payments for any obligates arsement payments, and that the details and circum rever releases the Commonwealth from further clair	o the <u>Effective Date.</u> gations incurred prior to the <u>Effective</u> estances of all obligations under this ms related to these obligations.	
CONTRACT END DATE: Contract performance shall amended, provided that the terms of this Contract an for completing any negotiated terms and warranties, to amendments.	id performance expectations a	nd obligations shall survive its termination for the	purpose of resolving any claim or dispute,	
CERTIFICATIONS: Notwithstanding verbal or other in Amendment has been executed by an authorized sig approvals. The Contractor makes all certifications repenalties of perjury, agrees to provide any required disusiness in Massachusetts are attached or incorporat Conditions, this Standard Contract Form including the and additional negotiated terms, provided that addition the process outlined in 801 CMR 21.07, incorporated AUTHORIZING SIGNATURE FOR THE CONTRACT X:  (Signature and Date Must Be Handwritten At Time Print Name:	inatory of the Contractor, the Dequired under the attached occumentation upon request to ted by reference herein according in the instructions and Contractor of the instruction of the	epartment, or a later Contract or Amendment Start ontractor Certifications (incorporated by reference support compliance, and agrees that all terms goving to the following hierarchy of document preceder Certifications, the Request for Response (RFR) or recedence over the relevant terms in the RFR and inded RFR or Response terms result in best value, in AUTHORIZING SIGNATURE FOR THE CONTINUAL C	t Date specified above, subject to any required if not attached hereto) under the pains and reming performance of this Contract and doing nice, the applicable Commonwealth Terms and other solicitation, the Contractor's Response, if the Contractor's Response only if made using ower costs, or a more cost effective Contract.  COMMONWEALTH:	
Print Title: TOWN AdmINISTED	TOP.	Print Title: THE OF	<u>v                                    </u>	

This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guid

CONTRACTOR LEGAL NAME: CITY OF CHICOPEE		COMMONWEALTH DEPAR MMARS Department Code	RTMENT NAME: Executive Office of Elder Affairs : ELD
Legal Address: (W-9, W-4,T&C): 17 SPRINGFIELD ST CHICOPEE MA 01013-2657		Business Mailing Address	: 1 Ashburton Place Room 517, Boston, MA 02108
Contract Manager: Sherry Manyak		Billing Address (if differen	t):
E-Mail: smanyak@chicopeema.gov		Contract Manager: Stacey	O'Connell
Phone: 413-534-3698	Fax:	E-Mail: Stacey.O'Connell@	DMassMail.state.ma.us
Contractor Vendor Code: VC6000192086		Phone:1-617-222-7419	Fax: 1-617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD001.		MMARS Doc ID(s): FY18	COAChicopee00000
Note: The Address Id Must be set up for EFT payme	ents.)	RFR/Procurement or Other	ID Number: Grant Award
X NEW CONTRACT			CONTRACT AMENDMENT
PROCUREMENT OR EXCEPTION TYPE: (Check or	* **		i Date <u>Prior</u> to Amendment:, 20
Statewide Contract (OSD or an OSD-designated Der			:: \$, (or "no change")
Collective Purchase (Attach OSD approval, scope, b  Department Procurement (includes State or Federal			ck one option only. Attach details of Amendment changes.)
(Attach RFR and Response or other procurement sup			Rudget (Attach updated scope and budget)
Emergency Contract (Attach justification for emerge			stification for Interim Contract and updated scope/budget)
Contract Employee (Attach Employment Status Form X Legislative/Legal or Other: (Attach authorizing la scope and budget	i, scope, budget) anguage/justification,	Legislative/Legal or Other: and budget)	any updates to scope or budget) _(Attach authorizing language/justification and updated scope
The following COMMONWEALTH TERMS AND C	ONDITIONS (T&C) has been exe	cuted, filed with CTR and is in	ncorporated by reference into this Contract.
X_Commonwealth Terms and Conditions	Commonwealth Terms and	Conditions For Human and Soc	cial Services.
in the state accounting system by sufficient appropriation. Attach <u>Rate Contract</u> (No Maximum Obligation. Attach <u>X Maximum Obligation Contract</u> Enter Total Max <u>PROMPT PAYMENT DISCOUNTS (PPD):</u> Common identify a PPD as follows: Payment issued within 10	tions or other non-appropriated fur details of all rates, units, calculation imum Obligation for total duration of wealth payments are issued throu days % PPD; Payment issued	nds, subject to intercept for Comps, conditions or terms and any of this Contract (or new Total if the EFT 45 days from invoice within 15 days PPD; Pay	changes if rates or terms are being amended.) Contract is being amended). \$117,924.95  receipt. Contractors requesting accelerated payments must ment issued within 20 days % PPD; Payment issued within
payment (subsequent payments scheduled to support	standard EFT 45 day payment cyc	le. See Prompt Pay Discounts	egal or Ready Payments (G.L. c. 29, § 23A); only initial Policy.)  distribute a formula grant award to the Councils on Aging of
the municipalities of the Commonwealth. The award a	amount is determined by a census- nt Guide, The activity performance	based allocation of available gr period for this award is 7/1/201	ant funding. Funds may support Council on Aging activities as 17 6/30/2018. The municipality will complete a final fiscal
ANTICIPATED START DATE: (Complete ONE opti	on only) The Department and Con	tractor certify for this Contract, o	or Contract Amendment, that Contract obligations:
1, may be incurred as of the Effective Date (lates	t signature date below) and <u>no</u> obli	gations have been incurred <u>pri</u>	or to the Effective Date.
2, may be incurred as of, 20, a date \( \textbf{X} \) 3, were incurred as of	ATER than the <u>Effective Date</u> beloe PRIOR to the <u>Effective Date</u> below, ayments or as authorized reimburs act. Acceptance of payments fore:	w and <u>no</u> obligations have bee and the parties agree that pays sement payments, and that the ver releases the Commonwealth	on incurred <u>prior</u> to the <u>Effective Date</u> . ments for any obligations incurred prior to the <u>Effective</u> details and circumstances of all obligations under this in from further claims related to these obligations.
CONTRACT END DATE: Contract performance sha amended, provided that the terms of this Contract a for completing any negotiated terms and warrenties, amendments.	Ill terminate as of <u>June 30th, 20</u> and performance expectations and to allow any close out or transition	18 with no new obligations beir obligations shall survive its ten n performance, reporting, invoi	ng incurred after this date unless the Contract is properly ermination for the purpose of resolving any claim or dispute, cing or final payments, or during any lapse between
Amendment has been executed by an authorized significant approvals. The Contractor makes all certifications penalties of perjury, agrees to provide any required business in Massachusetts are attached or incorport Conditions, this Standard Contract Form including and additional negotiated terms, provided that additional negotiated terms, provided that additional negotiated terms.	ignatory of the Contractor, the Deprequired under the attached Condocumentation upon request to suated by reference herein according the Instructions and Contractor Conal negotiated terms will take pred herein, provided that any amend TOR:  Date:	partment, or a later Contract or tractor Certifications (incorpora ipport compliance, and agrees to the following hierarchy of deriffications, the Request for Recedence over the relevant termed RFR or Response terms res	tract or Amendment shall be the latest date that this Contract or Amendment Start Date specified above, subject to any required ated by reference if not attached hereto) under the pains and that all terms governing performance of this Contract and doing ocument precedence, the applicable Commonwealth Terms and esponse (RFR) or other solicitation, the Contractor's Response, as in the RFR and the Contractor's Response only if made using sult in best value, lower costs, or a more cost effective Contract.  **Date: **
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(Updated 1/4/2018) Page 1

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APPROVED AS 70 FORM

Christine M. Pikula

Assistant City Solicitor

This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/osc under Guidance For Vendors - Fo

TAN TO A STANDARD OF A STANDARD AND A STANDARD A STA	AGOLD - LOURS OF MANAGEMENT	333 dilidel COD FORMS.	
CONTRACTOR LEGAL NAME: TOWN OF CHILMARK		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4,T&C): PO BOX 119 CHILMARK MA 02535-0119		Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Joyce Albertine	Section 1. Control of the section 1. Control	Billing Address (if different):	
E-Mail: upicoa@comcast.net	<u></u>	Contract Manager: Stacey O'Connell	
Phone: 508-693-2896	Fax:	E-Mail: Stacey.O'Connell@MassMall.state.ma.us	
Contractor Vendor Code: VC6000191752		Phone:1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.		MMARS Doc ID(s): FY18COAChilmark00000	
Note: The Address Id Must be set up for <u>EFT</u> paymer	ats.)	RFR/Procurement or Other ID Number: Grant Award	
XNEWCONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one Statewide Contract (OSD or an OSD-designated Depa Collective Purchase (Attach OSD approval, scope, bu Department Procurement (includes State or Federal g (Attach RFR and Response or other procurement supp	artment) idget) jrants <u>815 CMR 2.00</u> )	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 Scope or Budget (Attach updated scope and budget)	
Emergency Contract (Attach justification for emergency, scope, budget)  Contract Employee (Attach Employment Status Form, scope, budget)  X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget		Interim Contract (Attach justification for Interim Contract and updated scope/budget)  Contract Employee (Attach any updates to scope or budget)  Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)	
The following COMMONWEALTH TERMS AND CO  X Commonwealth Terms and Conditions	NDITIONS (1&C) has been exect Commonwealth Terms and C	uted, filed with CTR and is incorporated by reference into this Contract. Conditions For Human and Social Services.	
in the state accounting system by sufficient appropriation Rate Contract (No Maximum Obligation. Attach do X. Maximum Obligation Contract. Enter Total Maximum Obligation Contract. Enter Total Maximum Obligation Contract. Enter Total Maximum PROMPT PAYMENT DISCOUNTS (PPD): Commonwidentify a PPD as follows: Payment issued within 10 di 30 days. % PPD. If PPD percentages are left blank, in payment (subsequent payments scheduled to support st. BRIEF DESCRIPTION OF CONTRACT PERFORMANCE the municipalities of the Commonwealth. The award am identified in the annually published COA Formula Grant.	ions or other non-appropriated funcetails of all rates, units, calculations num Obligation for total duration of realth payments are issued throug ays % PPD; Payment issued widentify reason: X agree to stand tandard EFT 45 day payment cycle CE or REASON FOR AMENDME nount is determined by a census-be Guide. The activity performance p	NT: This contract is to locally distribute a formula grant award to the Councils on Aging of ased allocation of available grant funding. Funds may support Council on Aging activities as period for this award is 7/1/2016	
report accounting for how these grant funds were applied	<ul> <li>d. Ongoing eligibility for formula gr</li> </ul>	rant funding is contingent on satisfactory prior year performance.	
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 Cont 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 re approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pain penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Term Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response 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 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 Cont AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X:		riment, or a later Contract or Amendment Start Date specified above, subject to any required actor Certifications (incorporated by reference if not attached hereto) under the pains and port compliance, and agrees that all terms governing performance of this Contract and doing of the following hierarchy of document precedence, the applicable Commonwealth Terms and diffications, the Request for Response (RFR) or other solicitation, the Contractor's Response, idence over the relevant terms in the RFR and the Contractor's Response only if made using IRFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X: Date:   Date:   Date:   Date:   Commonwealth Terms and Date Must Be Handwritten At Tithe of Signature)	
Print Name: I MOHY R. (auroll Print Title: Executive Secretary		Print Name: Fagy CONNELLY Print Title: Hothing CFO	

(Updated 1/4/2018) Page 1

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This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this

Contract. An electronic copy of this form is available at www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/osd under OSD Forms. DADTMENT NAME: Executive Office of Elder Affairs

CONTRACTOR LEGAL NAME:	Garage Control of the	COMMONWEALTH DEPARTMENT NAME; Executive Office of Eiger Alians
TOWN OF CLINTON		MMARS Department Code: ELD
Long Address: (N-9, W-4,T&C):		Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
242 CHURCH ST CLINTON MA 015	10-2631	Billing Address (if different):
Contract Manager: Debra Goodsell		Contract Manager: Stacey O'Connell
E-Mail: dgoodsell@clintonma.gov	le	F-Mail: Stacev,O'Connell@MassMail.state.ma.us
Phone: 978-733-4747	Fax:	Phone:1-617-222-7419 Fax: 1-617-727-9368
Contractor Vendor Code: VC600	0191754	MMARS Doc ID(s): FY18COAClinton000000
Vendor Code Address ID (e.g. "AD	001"): AD <u>001</u> .	RFR/Procurement or Other ID Number: Grant Award
Note: The Address Id Must be set	up for <u>EFT</u> payments.)	CONTRACT AMENDMENT
(Attach RFR and Response or othe Emergency Contract (Attach just Contract Employee (Attach Employee (Attach Employee) (A	SD-designated Department) approval, scope, budget) es State or Federal grants 815 CMR 2.00) er procurement supporting documentation) ification for emergency, scope, budget) byment Status Form, scope, budget) Attach authorizing language/justification,  TH TERMS AND CONDITIONS (T&C) has been ex conditionsCommonwealth Terms and coption): The Department certifies that payments for a sufficient appropriations or other non-appropriated in Obligation. Attach details of all rates, units, calculat act_Enter Total Maximum Obligation for total duration  (S (PPD): Commonwealth payments are issued the ent issued within 10 days PPD; Payment issued within 10 days PPD; Payment issued the state of the support standard EFT 45 day payment of the savard amount is determined by a censul mealth. The award amount is determined by a censul procured in the savard amo	Enter Current Contract End Date Prior to Amendment:
identified in the annually publisher report accounting for how these can annually annual and annually annual annua	(Complete ONE option only) The Department and C  Effective Date (latest signature date below) and no.  20 , a date LATER than the Effective Date 1  141-141, a date PRIOR to the Effective Date below	contractor certify for this Contract, or Contract Amendment, that Contract obligations:  cobligations have been incurred <u>prior</u> to the <u>Effective Date</u> .  colour and <u>no</u> obligations have been incurred <u>prior</u> to the <u>Effective Date</u> .  cow, and the parties agree that payments for any obligations incurred prior to the <u>Effective</u> ow, and the parties agree that payments for any obligations incurred prior to the <u>Effective</u> ow, and the parties agree that payments for any obligations incurred prior to the <u>Effective</u> of all obligations under this
CONTRACT END DATE: Contamended, provided that the ter	rest performance shall terminate as of June 30th,	correct payments, and that the details and circumstances of all obligations.  orever releases the Commonwealth from further claims related to these obligations.  2018 with no new obligations being incurred after this date unless the Contract is properly and obligations shall survive its termination for the purpose of resolving any claim or dispute, and obligations shall survive its termination for the purpose of resolving any claim or dispute, sition performance, reporting, invoicing or final payments, or during any lapse between
amendments.  CERTIFICATIONS: Notwithstr Amendment has been execute	Silip gild Mattanties, to allow any	s, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Department, or a later Contract or Amendment Start Date specified above, subject to any required Department, or a later Contract or Amendment Start Date specified above, subject to any required

This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at <a href="https://www.mass.gov/osc/under-Guidance-For-Vendors-Forms">www.mass.gov/osc/under-Guidance-For-Vendors-Forms</a> or <a href="https://www.mass.gov/osc/under-Guidance-For-Vendors-Forms-Forms-Forms-Forms-Forms-Forms-Forms-Forms-Forms-Forms-Forms-Forms-

CONTRACTOR LEGAL NAME:		
TOWN OF COHASSET		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs
		MMARS Department Code: ELD
Legal Address: (W-9, W-4,T&C): 41 HIGHLAND AVE COHASSET MA 02025-1822		Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
Contract Manager: Coral Grande		Billing Address (if different):
E-Mail: ceadirector@cohassetma.org		Contract Manager: Stacey O'Connell
Phone: 781-383-9112,ext4	Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 5 5		Phone:1-617-222-7419 Fax: 1-617-727-9368
Vendor Code Address ID (e.g. "AD001"); AD001.		MMARS Doc ID(s): FY18COACohasset00000
Note: The Address Id Must be set up for <u>EFT</u> payme	nts.)	RFR/Procurement or Other ID Number: Grant Award
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check on Statewide Contract (OSD or an OSD-designated Depictories Purchase (Attach OSD approval, scope, but Department Procurement (includes State or Federal grant Procurement)	artment) daet)	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.)
(Attach RFR and Response or other procurement supporting documentation)		Amendment to Scope or Budget (Attach updated scope and budget)
Emergency Contract (Attach justification for emergency, scope, budget)		Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach Employment Status Form, scope, budget)  X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget		Contract Employee (Attach any updates to scope or budget)  Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)
	Commonwealth Terms a	xecuted, filed with CTR and is incorporated by reference into this Contract. d Conditions For Human and Social Services.
Rate Contract (No Maximum Obligation. Attach de X. Maximum Obligation Contract. Enter Total Maximum Obligation Contract.	ons of other non-approphated stalls of all rates, units, calcula num Obligation for total duratio	authorized performance accepted in accordance with the terms of this Contract will be supported funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. ions, conditions or terms and any changes if rates or terms are being amended.) n of this Contract (or <i>new</i> Total if Contract is being amended). \$16,374.00
30 days % PPD. If PPD percentages are left blank, i payment (subsequent payments scheduled to support si	dentify reason: <u>X</u> agree to sandard EFT 45 day payment of	ough <u>EFT</u> 45 days from invoice receipt. Contractors requesting accelerated payments must d within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within andard 45 day cycle statutory/legal or Ready Payments ( <u>G.L. c. 29, § 23A</u> ); only initial cycle. See <u>Prompt Pay Discounts Policy.</u> )
identified in the annually published COA Formula Grant report accounting for how these grant funds were applied	ount is determined by a censi Guide.  The activity performan I.  Ongoing eligibility for formu	MENT: This contract is to locally distribute a formula grant award to the Councils on Aging of s-based allocation of available grant funding Funds may support Council on Aging activities as ce period for this award is 7/1/2016 6/30/2016. The municipality will complete a final fiscal a grant funding is contingent on satisfactory prior year performance.
ANTICIPATED START DATE: (Complete ONE option	only) The Department and C	ontractor certify for this Contract, or Contract Amendment, that Contract obligations:
2. may be incurred as of, 20 , a date LA` X 3. were incurred as of	gnature date below) and <u>no</u> o FR than the Effective Date h	oligations have been incurred prior to the Effective Date.
CONTRACT END DATE: Contract performance shall the terms of this Contract and for completing any negotiated terms and warranties, to amendments.	ON to the <u>Firective Date</u> beto ments or as authorized reimbi . Acceptance of payments for erminate as of <u>June 30th, 2</u> performance expectations a allow any close out or transit	now and no obligations have been incurred prior to the Effective Date.  w, and the parties agree that payments for any obligations incurred prior to the Effective resement payments, and that the details and circumstances of all obligations under this ever releases the Commonwealth from further claims related to these obligations.  1018 with no new obligations being incurred after this date unless the Contract is properly and obligations shall survive its termination for the purpose of resolving any claim or dispute, on performance, reporting, invoicing or final payments, or during any lapse between the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or

(Updated 1/4/2018) Page 1

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CONTRACTOR LEGAL NAME: COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs		
TOWN OF COLRAIN	MMARS Department Code: ELD	
<u>Legal Address</u> : (W-9, W-4,T&C): PO BOX 31 COLRAIN MA 01340-0031	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Kevin Fox	Billing Address (if different):	
E-Mail: bos@colrain-ma.gov	Contract Manager: Stacey O'Connell	
Phone: 413-624-3454 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 5 6	<u>Phone</u> :1-617-222-7419	
Vendor Code Address ID (e.g. "AD001"): AD <u>001</u> .	MMARS Doc ID(s): FY18COAColrain000000	
Note: The Address Id Must be set up for EFT payments.)	RFR/Procurement or Other ID Number: Grant Award	
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 State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget)	CONTRACT AMENDMENT  Enter Current Contract End Date <u>Prior</u> to Amendment:, 20  Enter Amendment Amount: \$ (or "no change")  AMENDMENT TYPE: (Check one option only, Attach details of Amendment changes.)  Amendment to Scope or Budget (Attach updated scope and budget)  Interim Contract (Attach justification for Interim Contract and updated scope/budget)	
Contract Employee (Attach Employment Status Form, scope, budget)  X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget	Contract Employee (Attach any updates to scope or budget) <u>Legislative/Legal or Other:</u> (Attach authorizing language/justification and updated scope and budget)	
The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been exec		
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.)  X Maximum Obligation Contract. Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$5,000.00		
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 20 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issue		
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds also taken the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds also taken the municipality published COA Formula Grant Guide. The activity performance period for this award is 7/1/2016 6/30/2018 The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.		
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:		
CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.		
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, 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 including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, 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 1/4/2018) Page 1

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This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at <a href="https://www.mass.gov/osc">www.mass.gov/osc</a> under <a href="https://www.mass.gov/osc">Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc">www.mass.gov/osc</a> under <a href="https://www.mass.gov/osc">Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc">www.mass.gov/osc</a> under <a href="https://www.mass.gov/osc">Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc">www.mass.gov/osc</a> under <a href="https://www.mass.gov/osc">Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc">www.mass.gov/osc</a> under <a href="https://www.mass.gov/osc">Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc">www.mass.gov/osc</a> under <a href="https://www.mass.gov/osc">Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc">www.mass.gov/osc</a> under <a href="https://www.mass.gov/osc">Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc">www.mass.gov/osc</a> under <a href="https://www.mass.gov/osc">Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc">www.mass.gov/osc</a> under <a href="https://www.mass.gov/osc">Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc">www.mass.gov/osc</a> under

I COMMONWEALING DEFARMENT TRANSPICTOR		
COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs  MMARS Department Code: ELD		
Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108		
Billing Address (if different):		
Contract Manager: Stacey O'Connell		
E-Mail: Stacey.O'Connell@MassMail.state.ma.us		
Phone:1-617-222-7419 Fax: 1-617-727-9368		
MMARS Doc ID(s): FY18COA Concord 000000		
RFR/Procurement or Other ID Number: Grant Award		
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 TYPE: (Check one option only, Attach details of Amendment to 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 badget)  Legislative/Legal or Other: (Attach authorizing language/justification and updated scope		
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ecuted, filed with CTR and is incorporated by reference into this Contract. d Conditions For Human and Social Services.		
authorized performance accepted in accordance with the terms of this Contract will be supported unds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.		
in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to inercept for Continuotheram Contract. In the state accounting system by sufficient appropriations or other non-appropriated funds, subject to inercept for Continuotheram Contract. Enter Total Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)  ***X Maximum Obligation Contract.** Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is 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 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 10 days % PPD; Payment issued within 10 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial 30 days % PPD. If PPD percentages are left blank, identify reason: **X** agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial 30 days % PPD. If PPD percentag		
amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any daily of amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any daily of amended, provided that the terms of this Contract and performance expectations and obligations, reporting, invoicing or final payments, or during any lapse between 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		
s, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Department, or a later Contract or Amendment Start Date specified above, subject to any required		

(Updated 194/2018) Page 1

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This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at <a href="https://www.mass.gov/osd">www.mass.gov/osd</a> under OSD Forms.

CONTRACTOR LEGAL NAME: Town of Cummington	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs  MMARS Department Code: ELD	
<u>Legal Address: <b>(W-9, W-4,T&amp;C)</b>:</u> PO BOX 33 CUMMINGTON MA 01026-0033	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Anne Parsons	Billing Address (if different):	
E-随道: COA@cummington-ma.gov	Contract Manager: Stacey O'Connell	
<u>Phone</u> : 413-634-2262 Fax:	E-Mail: Stacey.O'Conneli@MassMail.state.ma.us	
Contractor Vendor Gode: VC6000191760	Phone:1-617-222-7419 Fax: 1-617-727-9368	
Vendor Corle Atlaress ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COACummington000	
Note: The Address Id Must be set up for <u>EFT</u> payments.)	RFRIProcurement or Other ID Number: Grant Award	
XNEW CONTRACT	CONTRACT AMENDMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	Enter Current Contract End Date <u>Prior to Amendment:</u> , 20	
Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget)	Enter Amendment Amount: \$ (or "no change")	
Department Procurement (includes State or Federal grants 815 CMR 2 00)	AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)	
(Attach RFR and Response or other procurement supporting documentation)	Amendment to Scope or Budget (Attach updated scope and budget)	
Emergency Contract (Attach justification for emergency, scope, budget)	Interim Contract (Attach justification for Interim Contract and updated scope/budget)	
Contract Employee (Attach Employment Status Form, scope, budget)  X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget	Contract Employee (Attach any updates to scope or budget) <u>Legislative/Legal or Other.</u> (Attach authorizing language/justification and updated scope and budget)	
The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been exec	and bludger) Ideal filed with CTR and is incomprated by reference into this Contract	
X Commonwealth Terms and Conditions Commonwealth Terms and C	conditions For Human and Social Services.	
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$4,996.39  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: X agree to standard 45 day cycle statutory/legal or Ready Payments (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 locally distribute a formula-grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Furfactinary support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2016]—6/30/2016 The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.  ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:		
TOUTDACT THE DATE. Confined and proved and p		
amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.		
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, 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 Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE CONTRACTOR:  X:		

(Updated 1/4/2018) Page 1

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ONTRACTOR LEGAL NAME: COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs OWN OF DALTON  MMARS Department Code: ELD		
<u>Legal Address: <b>(W-9, W-4,T&amp;C)</b>:</u> 462 MAIN ST DALTON MA 01226-1601	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Kelly Pizzi	Billing Address (if different):	
E-Mail: kpizzi@dalton-ma.gov	Contract Manager: Stacey O'Connell	
Phone: 413-684-2000 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: VC6000191761	<u>Phone</u> :1-617-222-7419	
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COADalton0000000	
Note: The Address id Must be set up for EFT payments.)  RFR/Procurement or Other ID Number: Grant Award		
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 State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget) The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.		
The following COMMONWEALTH TERMS AND CONDITIONS (180) has been extended by the commonwealth Terms and ConditionsCommonwealth Terms	Conditions For Human and Social Services.	
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.)  X Maximum Obligation Contract. Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$16,286.00  PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (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 locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2017 – 6/30/2018. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.		
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:		
CONTRACT END DATE: Contract performance shall terminate as of 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.		



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Address: 1 Ashburton Place Room 517, Boston, MA 02108  If different):  Stacey O'Connell  Connell@MassMail.state.ma.us  7419  Fax: 1-617-727-9368  Fy 18 C O A D a n v e r s 0 0 0 0 0 0  Tor Other ID Number: Grant Award  CONTRACT AMENDMENT  Atract End Date Prior to Amendment:		
Fax: 1-617-727-9368  EFY 18 COAD anvers000000  CONTRACT AMENDMENT  Itract End Date Prior to Amendment:		
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Fax: 1-617-727-9368  E: FY 1 8 C O A D a n v e r s 0 0 0 0 0 0  CONTRACT AMENDMENT  Itract End Date *Prior* to Amendment:		
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ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:		
1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date.		
2. may be incurred as of, 20 _, a date LATER than the <u>Effective Date</u> below and <u>no</u> obligations have been incurred <u>prior</u> to the <u>Effective Date</u> .  X 3. were incurred as of, 10 _, a date PRIOR to the <u>Effective Date</u> below, and the parties agree that payments for any obligations incurred prior to the <u>Effective Date</u> are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.		
CONTRACT END DATE: Contract performance shall terminate as of <u>June 30th, 2018</u> with no new obligations being incurred after this date unless the contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.		
CERTIFICATIONS: Notwithstanding verbal or other 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 makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, 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 including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE CONTRACTOR:  X:		
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This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors">www.mass.gov/osc under Guidance For Vendors</a> - Forms or <a href="https://www.mass.gov/osc under Guidance For Vendors">www.mass.gov/osc under Guidance For Vendors</a> - Forms or <a href="https://www.mass.gov/osc under Guidance For Vendors">www.mass.gov/osc under Guidance For Vendors</a> - Forms or <a href="https://www.mass.gov/osc under Guidance For Vendors">www.mass.gov/osc under Guidance For Vendors</a> - Forms or <a href="https://www.mass.gov/osc under Guidance For Vendors">www.mass.gov/osc under Guidance For Vendors</a> - Forms or <a href="https://www.mass.gov/osc under Guidance For Vendors">www.mass.gov/osc under Guidance For Vendors</a> - Forms or <a href="https://www.mass.gov/osc under Guidance For Vendors">www.mass.gov/osc under Guidance For Vendors</a> - Forms or <a href="ht

CONTRACTOR LEGAL NAME:	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
TOWN OF DARTMOUTH	MMARS Department Code: ELD	
Legal Address: (W-9, W-4,T&C): 400 SLOCUM RD DARTMOUTH MA 02747-3234	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Amy DiPietro	Billing Address (if different):	
E-Mail: adipietro@town.dartmouth.ma.us	Contract Manager: Stacey O'Connell	
Phone: 508-999-4717 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 6 5	Phone:1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD <u>001</u> .	MMARS Doc ID(s): FY18COAD artmouth 0 0 0 0	
Note: The Address Id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award	
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 State or Federal grants 815 CMR 2.00)  (Attach RFR and Response or other procurement supporting documentation)  Emergency Contract (Attach justification for emergency, scope, budget)  Contract Employee (Attach Employment Status Form, scope, budget)  X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget  The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been exec X Commonwealth Terms and Conditions  Commonwealth Terms and Conditions  Commonwealth Terms and Conditions	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 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)  Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)  suted, filed with CTR and is incorporated by reference into this Contract.  Conditions For Human and Social Services.	
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.)  X Maximum Obligation Contract. Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$72,488.00  PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial		
payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See <a href="Prompt Pay Discounts Policy">Prompt Pay Discounts Policy</a> .)  BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2017 – 6/30/2018. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.		
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:		
CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 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.		



This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at www.mass.gov/osc under Guidance For Vendors - Forms, or www.mass.gov/osc under OSD Forms.

CONTRACTOR LEGAL NAME: TOWN OF DEDHAM		
TOWN OF DEDHAM	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs  MMARS Department Code: ELD	
Legal Address: (W-9, W-4,T&C):	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
26 BRYANT ST DEDHAM MA 02026-4458	Dillion Address (if different)	
Contract Manager: Shella Pransky	Billing Address (if different):	
E-Mail: spransky@dedham-ma.gov	Contract Manager: Stacey O'Connell	
Phone: 781-326-1650 x 9499 Fax:	E-Mail: Stacey.O'Connetl@MassMail.state.ma.us  Phone:1.617-722-7419 Fax: 1-617-727-9368	
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 6 7	F110116.1-017-222-1-770	
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY 18 C O A D e d h a m 0 0 0 0 0 0 0	
Note: The Address Id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award	
	CONTRACT AMENDMENT	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20	
Statewide Contract (OSD or an OSD-designated Department)	Falsa Amandment Amount: \$ (or "no change")	
Callastina Burahaga (Attach OSD approval, SCODE, DUGGET)	AMENDMENT TYPE: (Check one option only, Attach details of Amendment changes.)	
Department Progutement (includes State or Federal grants 8 to CWA 2.00)	Amendment to Scope or Budget (Attach updated scope and budget)	
(Attach RFR and Response or other procurement supporting documentation)  Emergency Contract (Attach justification for emergency, scope, budget)	Interim Contract (Attach justification for Interim Contract and updated scope/budget)	
O - street Employee (Attach Employment Status Form, Scope, Dudger)	Contract Employee (Attach any updates to scope or budget)	
X Legislative/Legal or Other: (Attach authorizing language/justification,	Contract Employee (Attach any operated to soop of state of the soop of the soo	
scope and budget	and budget)	
The following COMMONWEALTH TERMS AND CONDITIONS (1&C) has be X Commonwealth Terms and Conditions Commonwealth Terms.	en executed, filed with CTR and is Incorporated by reference into this Contract.  ns and Conditions For Human and Social Services.	
Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any dranges in the order of the contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any dranges in the order of the contract (or new Total if Contract is being amended). \$57,938.00  X Maximum Obligation Contract. Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$57,938.00  PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must obligation for total duration of this Contract (or new Total if Contract is being amended). \$57,938.00  PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must obligation invoice receipt. Contract of payment issued within 10 days % PPD; Payment issue		
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report accounting for how these grant runos were applied. Original eigensity of ANTICIPATED START DATE: (Complete ONE option only) The Department	formula grant funding is contingent on satisfactory prior year performance.  and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:	





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	e For Veridors - rollis of www.nezz.ss.	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs
CONTRACTOR LEGAL NAME:	•	ASSERTE Constraint Code: ELD
TOWN OF DEERFIELD		Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
Legal Address: <b>(W-9, W-4,T&amp;C)</b> : B CONWAY ST SOUTH DEERFIELD MA 013	73-1021	
Contract Manager: Marlene Johnson		Billing Address (if different):
E-Mail: scsc@town.deerfield.ma.us		Contract Manager: Stacey O'Connell
Phone: 413-665-2141	Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us Fax: 1-617-727-9368
Contractor Vendor Code: VC6000191	764	Phone: 1-617-222-1415
Contractor vendor Godg	AD001.	MMARS Doc (D(s): FY18COADeerfield0000
Vendor Code Address ID (e.g. "AD001"): AD <u>001</u> .  Note: The Address Id Must be set up for EFT payments.)		RFR/Procurecient or Other ID Number: Grant Award
		CONTRACT AMENDMENT
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE:	(Check one option only)	Enter Current Contract End Date <u>Prior to Amendment:</u>
PROCUREMENT OR EXCEPTION TIFE.	anated Denartment)	
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		Amendment to Scope or Budget (Attach updated scope and budget)  Amendment to Scope or Budget (Attach updated scope and updated scope/budget)
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		Contract Employee (Attach any updates to scope or budget)  Legislative/Legal or Other (Attach authorizing language/justification and updified scope
Emergency Contract (Attach Justilicator) Contract Employee (Attach Employment X Legislative/Legal or Other: (Attach a	uthorizing language/justification,	Legislative/Legal or Other: (Attach authorizing language/pasting
scope and budget		and budget)  executed, filed with CTR and is incorporated by reference into this Contract.  and Conditions For Human and Social Services.
The following COMMONWEALTH TER X Commonwealth Terms and Condition	MS AND CONDITIONS (T&C) has been	and Conditions For Human and Social Services.  for authorized performance accepted in accordance with the terms of this Contract will be supported authorized performance accepted in accordance with the terms of this Contract will be supported for during subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
identify a PPD as follows: Payneth Issa 30 days % PPD, If PPD percentages a payment (subsequent payments schedule  BRIEF DESCRIPTION OF CONTRACT the municipalities of the Commonwealth. identified in the annually published COA report accounting for how these grant fur  ANTICIPATED START DATE: (Comp  1. may be incurred as of the Effective 2. may be incurred as of	are left blank, identify reason: X agree to do support standard EFT 45 day payment of the support standard EFT 45 day payment of the award amount is determined by a center of the award amount is determined by a center of the award amount is determined by a center of the award amount is determined by a center of the award amount is determined by a center of the award amount is determined by a center of the award amount is determined by a center of the award amount is determined by a center of the award awa	through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must sued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 20A); only initial on toxic standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 20A); only initial on toxic standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 20A); only initial on toxic standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 20A); only initial on toxic standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 20A); only initial on the Councils on Aging of ENDMENT: This contract is locally distribute a formula grant award to the Councils on Aging of ENDMENT: This contract is satisfactory prior year performance.  In Contractor certify for this Contract, or Contract Amendment, that Contract obligations:  In Contractor certify for this Contract, or Contract Amendment, that Contract obligations:  In Contractor certify for this Contract, or Contract Amendment, that Contract obligations:  In Contractor certify for this Contract, or Contract Amendment, that Contract obligations:  In Contractor certify for this Contract, or Contract Amendment, that Contract obligations:  In Contractor certify for this Contract, or Contract Amendment, that Contract obligations:  In Contractor certify for this Contract, or Contract Amendment, that Contract obligations:  In Contractor certify for this Contract, or Contract Amendment, that Contract obligations:  In Contractor certify for this Contract, or Contract Amendment, that Contract obligations:  In Contractor certify for this Contract obligations and circumstances of all obligations under this certified on the Contract obligations and obligations shall survive its termination for the purpose of resolving any claim or dispute, but on the Contract is properly contraction of the purpose of resolving any claim or dispute,
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Amendment has been executed by a approvals. The Contractor makes all penalties of perjury, agrees to provide business in Massachusetts are attack Conditions, this Standard Contract F and additional negotiated terms, provide process outlined in 801 CMR 21.  AUTHORIZING SIGNATURE FOR T	certifications required under the attached any required documentation upon requested or incorporated by reference herein are form including the instructions and Controlled that additional negotiated terms will be a controlled that any the CONTRACTOR:	rties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or the Department, or a later Contract or Amendment Start Date specified above, subject to any required led Contractor Certifications, (incorporated by reference if not attached hereto) under the pains and lest to support compliance, and agrees that all terms governing performance of this Contract and doing est to support compliance, and agrees that all terms governing performance of this Contract and doing est to support compliance, and agrees that all terms governing performance of this Contract and doing est to support compliance, and agrees that all terms governing performance of this Contract and doing est to support compliance, the Request for Response (RFR) or other solicitation, the Contractor's Response attake precedence over the relevant terms in the RFR and the Contractor's Response only if made using a mended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X:  (Signature and Date Must Be Handwritten At Timb of Signature)  Print Name:  Print Title:
J. J.		10

This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at

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www.mass.gov/osc under Guidalice Pol Vendors Politic	SO UNDER COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
CONTRACTOR LEGAL NAME: TOWN OF DIGHTON	vasa no para émont Code: ELD	
	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Legal Address: (W-9, W-4,T&C): 300 MAIN ST DIGHTON MA 02715-1204	(It Historyme)	
Contract Manager: Alice E. Souza	Billing Address (If different):	
Contract Manager: Alice L. Court	Contract Manager: Stacey O'Connell	
E-Mail: councilonaging@townofdighton.com	E-Mail: Stacey.O'Conneil@MassMail.state.ma.us Fax: 1-617-727-9368	
Phone: 508-823-0095	Phone:1-b1(-222"(415	
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Vendor Code Address ID (e.g. "AD001"): AD001.	RFR/Procurement or Other ID Number: Grant Award	
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X NEW CONTRACT	Enter Current Contract End Date Prior to Amendment:, 20	
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X Commonwealth Terms and Conditions	the forms of this Contract will be supported	
The street continues that payments for	authorized performance accepted in accordance with the terms of and of the company with owed debts under 815 CMR 9.00.	
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ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor of the Effective Date.  1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date.  2. may be incurred as of		
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for completing any negotiated terms and warranties, to allow any close out or train	s and obligations shall survive its termination for the purpose of resolving any lapse between nsition performance, reporting, invoicing or final payments, or during any lapse between	
amendments.	es, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or be Department, or a later Contract or Amendment Start Date specified above, subject to any required to Department, or a later Contract or Amendment Start Date specified above, subject to any required to the Contract of the Contra	
CERTIFICATIONS: Notwithstanding verbal or other representations by the panis	es, 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 the Department, or a later Contract or Amendment Start Date specified above, subject to any required the Department, or a later Contract or Amendment Start Date specified above, subject to any required to Contract Contract Contract and doing the Contract Contract and doing the Contract and Contra	
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V. Date: 1/04/29/8	X: (Signature and Date Must Be Handwritten At Time of Signature)	
(Signature and Date Must Be Handwritten At Time of Signature)	Print Name: #E494 Conneely	
Tohn Taylot		
Print Name: Dai Fman 1805	Print (ill).	

This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at

agreements, engagement letters, contract forms or other additional terms of definitions, instructions and legal requirements that are incorporated by reference that are incorporated by refere	into this Contract. An electronic copy of this form is available at seed under OSD Forms.	
www.mass.gov/osc.under Guidance For Vendois 11 onto 01	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
CONTRACTOR LEGAL NAME: TOWN OF DOUGLAS	MARKADS Department Code: ELD	
	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
<u>Legal Address</u> : <b>(W-9, W-4,T&amp;C)</b> : 29 DEPOT ST EAST DOUGLAS MA 01516-2374	Billing Address (If different):	
Contract Manager: Patrice Rousseau	Contract Manager: Stacey O'Connell	
E-Mail: prousseau@douglasma.org	Contract Manager. Stacey O Comment  E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Phone: 508-476-2283 Fax:	Phone: 1-617-222-7419 Fax: 1-617-727-9368	
Contractor Vendor Gode: V C 6 0 0 0 1 9 1 7 7 0	MMARS Doc ID(s): FY18COADouglas000000	
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS DOCIDES:	
/endor Code Address ID (e.g. "ADDUT"). ADDUT.    ADDUT		
X NEW CONTRACT	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20	
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Statewide Contract (OSD or an OSD-designated Department)	ANCHIOMENT TYPE: (Check one option only, Attach details of Attendant States	
Collective Purchase (Attach OSD approval, scope, budget)  Department Procurement (includes State or Federal grants 815 CMR 2.00)  Department Procurement (includes State or Federal grants documentation)	Attach (Attach (Indated Scope and Vauget)	
	Interim Contract (Attach justification for Interim Contract and updated 300pc/300goty	
Emergency Contract (Attach justification for emergency contract (Attach justification for emergency Status Form scope budget)	Contract Employee (Attach any updates to scope or budget)  Legislative/Legal or Other: (Attach authorizing language/justification and updated scope	
scope and budget	and is incorporated by reference into this contract.	
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ANTICIPATED START DATE: (Complete ONE option only) The Department and	a served prior to the Effective Date.	
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X 3. were incurred as of July 1st. 2017, a date that a sufforized reint part are authorized to be made either as settlement payments or as authorized reint Contract are attached and incorporated into this Contract. Acceptance of payments Contract are attached and incorporated into this Contract.	forever releases the Commonwealth from the order this date unless the Contract is properly	
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Amendment has been executed by an authorized approvals. The Contractor makes all certifications required under the attached penalties of perjury, agrees to provide any required documentation upon request business in Massachusetts are attached or incorporated by reference herein accommodations, this Standard Contract Form including the Instructions and Contract and additional negotiated terms, provided that additional negotiated terms will take the process outlined in 801 CMR 21.07, incorporated herein, provided that any a AUTHORIZING SIGNATURE FOR THE CONTRACTOR:  X: Date: 18 (2018)	es, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or en Department, or a later Contract or Amendment Start Date specified above, subject to any required a Contractor Certifications (incorporated by reference if not attached hereto) under the pains and to support compliance, and agrees that all terms governing performance of this Contract and doing ording to the following hierarchy of document precedence, the applicable Commonwealth Terms and for Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response to Precedence over the relevant terms in the RFR and the Contractor's Response only if made using the precedence over the relevant terms in the RFR and the Contractor's Response only if made using the precedence over the relevant terms in the RFR and the Contractor's Response terms result in best value, lower costs, or a more cost effective Contract.  AUT ORIZING SIGNATURE FOR THE COMMONWEALTH:  X: Date: Determine of Signature)  Print Name: Date: Determine of Signature)	
LANGUA MATTURE A. WOJUK	Print Name:	
Print Title: TOWN 4DM MSTMATOR		

(Update 17/2018) Page 1

18



This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational

Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions instructions and legal requirements that are incorporated by reference into this Contract.

the official printed language of this form shall be agreements, engagement letters, contract forms or other additional term definitions, instructions and legal requirements that are incorporated by refewww.mass.gov/osc under <u>Guidance For Vendors - Forms</u> or <u>www.mass.gov</u>	erms as part of this Contract without prior Bopardon is available at sterence into this Contract. An electronic copy of this form is available at	
A&A&A&*** LINGON DATE:	gov/osd under OSD Forms.  COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
ONTRACTOR LEGAL NAME:	Code: FID	
WN OF DOVER	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
gal Address: (W-9, W-4,T&C):		
SPRINGDALE AVE DOVER MA 02030-2330	Billing Address (if different):	
ontract Manager: Janet Claypool	Contract Manager: Stacey O'Connell	
-Mail: coa@doverma.org	E-Mail: Stacey.O'Connell@MassMail.state.ma.us Fax: 1-617-727-9368	
hone: 508-315-5/34	Dhone-1-61/-222-1410	
ontractor Vendor Code: V C 6 0 0 0 1 9 1 7 7 1	MMARS Doc ID(s): FY18COADover0000000	
endor Code Address ID (e.g. "AD001"): AD001.	PER Procurement or Other ID Number: Grant Award	
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PROCUPEMENT OR FXCEPTION TYPE: (Check one option only)	Enter Amendment Amount: \$	
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Emergency Contract (Attact) Justilication for Charles Form, econe, budget)	Contract Employee (Attach any updates to scope or budget)  Legislative/Legal or Other: (Attach authorizing language/justification and updated scope	
Contract Employee (Atlach Employment Outdoor	Legislative/Legal or Other: (Allacti dulibring targets)	
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This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational

Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional printed language of this form shall be void. Additional non-conflicting terms as part of this Contract without prior Department approach. Click on bracelinks for the ornicial printed language of this form shall be void. Additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at

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CONTRACTOR LEGAL NAME: OWN OF DRACUT	MMARS Department Code: ELD  Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
and Address: (N-9 W-4.T&C):	Business Mailing Address.   Ashbutton
2 ARLINGTON ST DRACUT MA 01826-3953	Billing Address (if different):
Contract Manager: Bethany Loveless	Contract Manager: Stacey O'Connell
-Mail: bloveless@dracutma.gov	E-Mail: Stacey.O'Connell@MassMail.state.ma.us
Phone: 978-957-2611 Fax:	
Contractor Vendor Code: VC 6000191772	Phone:1-617-222-7419 Fax: 1-617-727-9300  MMARS Doc ID(s): FY18COADracut0000000
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS DociDist: P11000 A D14004
Note: The Address Id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award
	CONTRACT AMENDMENT  CONTRA
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	Enter Current Contract End Date From to American State
Statewide Contract (OSD or an OSD-designated Department)	Enter Amendment Amount: \$ (or "no change")  AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)
Statewide Contract (OSD approval, scope, budget)  Collective Purchase (Atlanto OSD approval, scope, budget)  Collective Purchase (Atlanto OSD approval, scope, budget)	AMENDMENT TYPE: (Check one option only, Attach undated scope and budget)
Collective Purchase (Atlach OSD approval, supply 1845 CMR 2.00)  Department Procurement (includes State or Federal grants 815 CMR 2.00)  Department Procurement (includes State or Federal grants 815 CMR 2.00)	Amendment to Scope or Budget (Attach updated scope and budget)  Interim Contract (Attach justification for Interim Contract and updated scope/budget)
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Emergency Contract (Attach Justification for emergency come budget)	Contract Employee (Attach any updates to scope or budget)  Legislative/Legal or Other: (Attach authorizing language/justification and updated scope
Contract Employee (Attach Employment Status r Office)  X Legislative/Legal or Other: (Attach authorizing language/justification,	
seems and hudget	4.4 filed with CTR and is incorporated by reference into this contract
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Y Commonwealth Telms and Conditions	the terms of this Contract Will be supported
Check ONE option): The Department certifies that payments	for authorized performance accepted in accordance when the performance accepted in accordance when the intercept for Commonwealth owed debts under 815 CMR 9.00.
in the state accounting system by sufficient appropriations or other non-appropriate	for authorized performance accepted in accordance with the terms of the CMR 9.00. ed funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. ulations, conditions or terms and any changes if rates or terms are being amended.) ation of this Contract (or <i>new</i> Total if Contract is being amended). \$52,254.00
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www.mass.gov/osc under Guidance For Vendors - Putrils of www.mass.gov/osc CONTRACTOR LEGAL NAME:	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs		
TOWN OF DUDLEY	MMARS Department Code: ELD		
Legal Address: <b>(W-9, W-4,T&amp;C)</b> : 71 W MAIN ST DUDLEY MA 01571-3264	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108		
Contract Manager: Margaret Bussiere	Billing Address (If different):		
E-Mail: Administrator@dudleyma.gov	Contract Manager: Stacey O'Connell		
Phone: 508-949-8015 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us		
Contractor Vendor Code: VC6000191773	Phone:1-617-222-7419 Fax: 1-617-727-9368		
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COADudley000000		
Note: The Address Id Must be set up for EFT payments.)	RFR/Procurement or Other ID Number: Grant Award		
X NEW CONTRACT	CONTRACT AMENDMENT		
PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20		
Statewide Contract (OSD or an OSD-designated Department)	Enter Amendment Amount: \$ (or "no change")  AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)		
Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes State or Federal grants 815 CMR 2.00)	AMENDMENT TYPE: (Check one option only. Attach details of Attertument changes,)  Amendment to Scope or Budget (Attach updated scope and budget)		
(Attach RER and Response or other procurement supporting documentation)	Interim Contract (Attach justification for Interim Contract and updated scope/budget)		
Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget)	Contract Employee (Attach any undates to scope or budget)		
X Legislative/Legal or Other: (Attach authorizing language/justification,	Legislative/Legal or Other: (Attach authorizing language/justification and updated scope		
	and budget)  used filed with CTR and is incorporated by reference into this Contract.		
The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been exec  X. Commonwealth Terms and Conditions  Commonwealth Terms and Conditions	Conditions For Human and Social Services.		
identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 10 days % PPD. If PPD percentages are left blank, identify reason: X_agree to stam payment (subsequent payments scheduled to support standard EFT 45 day payment cycles of the Commonwealth. The award amount is determined by a census-tidentified in the annually published COA Formula Grant Guide. The activity performance report accounting for how these grant funds were applied. Ongoing eligibility for formula and Contemporary of the Commonwealth of the Anticipation of the Commonwealth of the Common	gh EFT 45 days from invoice receipt. Contractors requesting accelerated payments must within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within add 45 day cycle statutory/legal or Ready Payments (G.L. c. 29. § 23A); only initial le. See Prompt Pay Discounts Policy.)  ENT: This contract is to locally distribute a formula grant award to the Councils on Aging of based allocation of available grant funding. Furtherney support Council on Aging activities as period for this award is 7/1/2016 6/30/2016 the municipality will complete a final fiscal grant funding is contingent on satisfactory prior year performance.  It ractor certify for this Contract, or Contract Amendment, that Contract obligations: gations have been incurred prior to the Effective Date.  and the parties agree that payments for any obligations incurred prior to the Effective Date.		
Contract are attached and incorporated into this Contract. Acceptance of payments lored	the releases the commonwealth from total or state unless the Contract is properly		
<u>CONTRACT END DATE</u> : Contract performance shall terminate as of <u>June 30th</u> , <u>201</u> amended, provided that the terms of this Contract and performance expectations and for completing any negotiated terms and warranties, to allow any close out or transition amendments.	with no new obligations being incurred after this object the obligations shall survive its termination for the purpose of resolving any claim or dispute, in performance, reporting, invoicing or final payments, or during any lapse between		
Amendment has been executed by an authorized signatory of the Contractor, the Deta approvals. The Contractor makes all certifications required under the attached Contractor penalties of perjury, agrees to provide any required documentation upon request to subusiness in Massachusetts are attached or incorporated by reference herein according Conditions, this Standard Contract Form including the Instructions and Contract Position of the Contractor Contract Position of the Contractor Position of	e "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or partment, or a later Contract or Amendment Start Date specified above, subject to any required stractor Certifications (incorporated by reference if not attached hereto) under the pains and upport compliance, and agrees that all terms governing performance of this Contract and doing go to the following hierarchy of document precedence, the applicable Commonwealth Terms and entifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, seedence over the relevant terms in the RFR and the Contractor's Response only if made using led RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  X: Clignature and Data Must Be Handwritten At Time of Signature)  Print Name:  Print Title:		

Updated 1/4/2018) Page 1

1/1

This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this

Contract. An electronic copy of this form is available at

www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/osd under OSD Forms. COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs CONTRACTOR LEGAL NAME: MMARS Department Code: ELD OWN OF DUNSTABLE Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108 Legal Address: (W-9, W-4,T&C): 511 MAIN ST DUNSTABLE MA 01827-1313 Billing Address (if different): Contract Manager: Anne Fenochetti Contract Manager: Stacey O'Connell E-Mail: afenochetti@Dunstable-ma.gov E-Mail: Stacey.O'Connell@MassMail.state.ma.us Fax: Phone: 978-649-4514 Fax: 1-617-727-9368 Phone: 1-617-222-7419 Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 7 4 MMAR\$ Doc ID(s): FY18COADunstable0000 Vendor Code Address ID (e.g. "AD001"): AD001. RFR/Procurement or Other ID Number: Grant Award Note: The Address Id Must be set up for <u>EFT</u> payments.) CONTRACT AMENDMENT X NEW CONTRACT Enter Current Contract End Date Prior to Amendment: PROCUREMENT OR EXCEPTION TYPE: (Check one option only) \_, (or "no change") Enter Amendment Amount: \$\_\_\_\_ Statewide Contract (OSD or an OSD-designated Department) AMENDMENT TYPE: (Check one option only, Attach details of Amendment changes.) Collective Purchase (Attach OSD approval, scope, budget) Amendment to Scope or Budget (Attach updated scope and budget) Department Procurement (includes State or Federal grants 815 CMR 2.00) Interim Contract (Attach justification for Interim Contract and updated scope/budget) (Attach RFR and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach any updates to scope or budget) Contract Employee (Attach Employment Status Form, scope, budget) Legislative/Legal or Other: (Attach authorizing language/justification and updated scope X Legislative/Legal or Other: (Attach authorizing language/justification, and budget) The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract. scope and budget Commonwealth Terms and Conditions For Human and Social Services. X Commonwealth Terms and Conditions COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$4,752.43 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 % PPD; Payment issued within 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 locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2017 – 6/30/2018. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance. ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: \_1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date. \_, 20 , a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date.

X 3. were incurred as of July 1st. 2017, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations. CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 with no new obligations being incurred after this date unless the Contract is 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, ar

mended, provided that the terms of this Contract and performance expectations are r completing any negotiated terms and warranties, to allow any close out or transiti	ion performance, reporting, invoicing or final payments, or during any lapse between
nendments.	a the latest date that this Contract or
Amendment has been executed by an autorized signator, of the other papers approvals. The Contractor makes all certifications required under the attached openalties of perjury, agrees to provide any required documentation upon request to business in Massachusetts are attached or incorporated by reference herein according to the instructions and Contractor	the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or pepartment, or a later Contract or Amendment Start Date specified above, subject to any required ontractor Certifications (incorporated by reference if not attached hereto) under the pains and support compliance, and agrees that all terms governing performance of this Contract and doing ing to the following hierarchy of document precedence, the applicable Commonwealth Terms and Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, oreredednce over the relevant terms in the RFR and the Contractor's Response only if made using ended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  ANTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X: Date:  Y: Signature and Date Must Be Handwritten At Time of Signature)  Print Name:  Print Title:

This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be wold. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at www.mass.gov/osc under Guldance For Vendors - Forms\_or www.mass.gov/osc under OSD Forms.

www.mass.gov/osc under Guldance For Ver	Idors - norms_or www.mass.govio	COMMONWEALTH DE	PARTMENT NAME:	Executive Office of Elder Affairs	
CONTRACTOR LEGAL NAME: TOWN OF DUXBURY		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs  MMARS Department Code: ELD			
		Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108			
Legal Address: (W-9, W-4,T&C): 878 TREMONT ST DUXBURY MA 02332-4455					
Contract Manager: Joanne Moore			Billing Address (if different):		
E-Mail: JoanneMoore@duxburycoa.com		Contract Manager: Stacey O'Connell			
Phone: 781-934-5774	Fax:	E-Mail: Stacey.O'Conn		ma.us	
Contractor Vendor Code: VC6000191775		Phone:1-617-222-7419		Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.			MMARS Doc ID(s): FY18COADuxbury000000		
Note: The Address id Must be set up for EFT payments.)		RFR/Procurement or Other ID Number: Grant Award			
X NEW CONTRACT		CONTRACT AMENDMENT			
PROCUREMENT OR EXCEPTION TYPE: (Check one option only)		Enter Current Contract End Date <u>Prior</u> to Amendment:, 20			
Statewide Contract (OSD or an OSD-designated Department)		Enter Amendment Ame	Enter Amendment Amount: \$ (or "no change")  AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)		
Collective Purchase (Attach OSD approval, scope, budget)  Department Procurement (includes State or Federal grants 815 CMR 2.00)		AMENDMENT TYPE: (Check one option only. Attach details of Amendment to Scope or Budget (Attach updated scope and budget)			
Musch DED and Posnanse or other amoustement SUD	DOLING GOCORRENGRION)	Interim Contract (Atlac	ch justification for Inte	rim Contract and updated scope/budget)	
Emanage Contract (Attach justification for emerge	ncy, scope, buager)	a de la Francisca de la Constancia de la	thank any undates to	scone or budgeti	
Contract Employee (Attach Employment Status Forr X Legislative/Legal or Other: (Attach authorizing I	n, scope, pudget)	Legislative/Legal or O	ther: (Attach authoriz	ing language/justification and updated scope	
x Legislative/Legal of Other, (Allach additioning scope and budget		and hudget)	and hudget)		
The following COMMONWEALTH TERMS AND C	ONDITIONS (T&C) has been exe Commonwealth Terms and	cuted, filed with CTR and Conditions For Human and	d Social Services.	ICIO(GIIO) HIS THE TOWNST.	
X Commonwealth Terms and Conditions		4 1 1 - formance 000	onted in accordance	with the terms of this Contract will be supported	
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in the state accounting system by sufficient appropri	ations of other non-appropriated to	difference forme and	d any changes if rates	or terms are being amended.)	
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identified in the annually published COA Formula Gr	ant Guide. The activity performant	a grant funding is continger	nt on satisfactory prior	year performance.	
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	and the foundation of the management of	hligations have been incum	60 DLIOL IO ILIE ELIECTI	ve Date.	
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x 3 were incurred as of July 1st, 2017, a date	PRIOR to the Effective Date Delo	w, and the parties agree and the	at the details and circ	umstances of all obligations under this	
Date are authorized to be made either as settlement	payments of as austorized rolling.	the Commer	nucalth from further C	laims related to these obligations.	
Contract are attached and incorporated into this Con	itract. Acceptance of payments to	1.9 (2-)	- baine incurred offe	r this date unless the Contract is properly	
amended, provided that the terms of this Contract	and performance expectations a	and obligations shall survive	e its termination for t	ne purpose of resolving any daily of dispute, ayments, or during any lapse between	
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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment Start Date specified above, subject to any required Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (Incorporated by reference if not attached hereto) under the pains and approvals. The Contractor makes all certifications required under the attached contractor Certifications (Incorporated by reference if not attached hereto) under the pains and approvals. The Contractor makes all certifications required under the attached contractor Certifications (Incorporated by reference if not attached hereto) under the pains and approvals.					
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X: Stis	Date: /// <sup>4</sup> //8.	(Chapture and Date Must Be Handwritten At Time of Signature)			
(Signature and Date Must Be Handwritten At T	ime of Signature)	Print Name: LEGY Y COSPERY			
Print Name: Mr. René J. Read	·	Print Title:	在北京	CHO /	
Print Title: <u>Town Manager</u>			J		