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 <a href="https://www.mass.gov/osc under OSD Forms.

CONTRACTOR LEGAL NAME:	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs		
TOWN OF EAST BRIDGEWATER	MMARS Department Code: ELD		
<u>Legal Address:</u> (W-9, W-4,T&C): 175 CENTRAL ST E BRIDGEWATER MA 02333-1912	Business Wailing Address: 1 Ashburton Place Room 517, Boston, MA 02108		
Contract Manager; Nancy G. Hill	Billing Address (if different):		
E-Mail: nhill@ebmass.com	Contract Manager: Stacey O'Connell		
<u>Phone</u> : 508-378-1610 Fax:	E <u>-Mai</u> l: Stacey.O'Conneil@MassMail.state.ma.us		
Contractor Vendor Code: V C 6000191776	<u>Phone</u> :1-617-222-7419 Fax: 1-617-727-9368		
Vendor Code Address ID (e.g. "AD001"): AD001	MMARS Doc ID(s): FY18COAEastBridgewat		
Note: The Address ld 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")		
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 (Atlach Employment Status Form, scope, budget) X Legislative/Legal or Other: (Atlach authorizing language/justification,	Contract Employee (Atlach any updates to scope or budget) <u>Legislative/Legal or Other: (</u> Atlach authorizing language/justification and updated scope		
scope and budget The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been exec	and budget) uted filed with CTR and is incorporated by reference into this Contract.		
X_Commonwealth Terms and ConditionsCommonwealth Terms and C	Conditions For Human and Social Services.		
COMPENSATION: (Check ONE option): The Department certifies thet navments for authorized performance accepted tin 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 raises 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.)			
PROWNER DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: rayment 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.)			
This contract in to locally distribute a formula award to the Country of the Coun			
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distributed as a state of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Fig. 19 page 19 pag			
ANTICIPATED START DATE: (Complete ONE option only) The Department and Control	actor 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> oblig	ations have been incurred prior to the <u>Effective Date</u> .		
	u and no obligations have been inclined brior to the chicular Date.		
X 3, were incurred as of July 1st, 2017, a date PRIOR to the Effective Date below,	and the parties agree that the details and circumstances of all obligations under this		
Contract are attached and incorporated into this Contract. Acceptance or payments lovely	9 with no new obligations being incurred after this date unless the Contract is properly		
Contract are attached and incorporated into this Contract. Acceptance of payments into Contract END DATE: Contract performance shall terminate as of 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 performance, reporting, avoicing or linear payments, or acting any negotiated terms and warranties, to allow any close out or transition performance, reporting any negotiated terms and warranties, to allow any close out or transition performance, reporting any negotiated terms and warranties, to allow any close out or transition performance, reporting any negotiated terms and warranties, to allow any close out or transition.			
amendments.	"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, are Department, of a later contractor with 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.			
penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees untatal transportations governed to applicable Commonwealth Terms and			
and additional negotiated terms, provided that additional negotiated terms will take pre-	tailcalors, the request for response to the RFR and the Contractor's Response only if made using sedence over the relevant terms in the RFR and the Contractor's Response only if made using the 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 america	AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:		
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	v. Ream lawelloate: 2-1-18		
X:	(Signature and Darg Must Be Handwritten At Time of Signature)		
Print Name: Contact Santa	Print Name: Print Title: Print Title:		
Print Title: Town Administrator	3		

(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.

CONTRACTOR LEGAL NAME: TOWN OF EAST BROOKFIELD		COMMONWEALTH DEPARTMENT NAME:	Executive Office of Elder Affairs
		MMARS Department Code: ELD	
Legal Address: (W-9, W-4, T&C): 122 CONNIE MACK DR E BROOKFIELD MA 01515-1802		Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Virginia T. Allen		Billing Address (if different):	
E-Mail: townclerk@eastbrookfieldma.us		Contract Manager: Stacey O'Connell	
<u>Phone</u> : 508-867-6769	Fax:	E-Mail: Stacey.O'Connell@MassMail.state.	ma.us
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 7 7		Phone:1-617-222-7419	Fax: 1-617-727-9368
Vendor Code Address ID-(e.g. "AD001"): AD001.		MMARS Doc ID(s): FY18COAEastBr	ookfiel
Note: The Address Id Must be set up for EFT payme	nts.)	RFR/Procurement or Other ID Number: Gra	nt Award
X NEW 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 supplemergency Contract (Attach justification for emergen Contract Employee (Attach Employment Status Form X Legislative/Legal or Other: (Attach authorizing la scope and budget The following COMMONWEALTH TERMS AND CO	artment) dget) grants <u>815 CMR 2.00</u>) orting documentation) cy, scope, budget) scope, budget) nguage/justification,	Enter Current Contract End Date <u>Prior</u> to An Enter Amendment Amount: \$ (c AMENDMENT TYPE: (Check one option on Amendment to Scope or Budget (Attach upo Interim Contract (Attach justification for Interin Contract Employee (Attach any updates to st Legislative/Legal or Other: (Attach authorizin and budget)	or "no change") iy. Attach details of Amendment changes.) dated scope and budget) m Contract and updated scope/budget) cope or budget) ig language/justification and updated scope
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). \$5,000.00 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. Further municipality 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 4 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:			ment, that Contract obligations: <u>Date</u> , the <u>Effective Date</u> , pations incurred prior to the <u>Effective</u> stances of all obligations under this
CONTRACT END DATE: Contract performance shall amended, provided that the terms of this Contract ar for completing any negotiated terms and warranties, to amendments.	terminate as of June 30th, 201 d performance expectations and	8 with no new obligations being incurred after the obligations shall survive its termination for the	is date unless the Contract is properly purpose of resolving any claim or dispute,
CERTIFICATIONS: Notwithstanding verbal or other in Amendment has been executed by an authorized significant approvals. The Contractor makes all certifications repenalties of perjury, agrees to provide any required discinctions in Massachusetts are attached or incorporations. The Standard Contract Form including the and additional negotiated terms, provided that addit	natory of the Contractor, the Depequired under the attached <u>Cont</u> ocumentation upon request to su ed by reference herein according e Instructions and Contractor Ce nat negotiated terms will take prevenerein, provided that any amendo <u>OR:</u>	artment, or a later Contract or Amendment Start reactor Certifications (incorporated by reference pport compliance, and agrees that all terms gove to the following hierarchy of document preceden ritifications, the Request for Response (RFR) or cedence over the relevant terms in the RFR and ad RFR or Response terms result in best value, to AUTHORIZING SIGNATURE FOR THE C X: (Signature and Date Must Be Handwritten)	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, the Contractor's Response only if made using ower costs, or a more cost effective Contract.

Lipdated 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-osc-prime or www.mass.gov/osc_under-o

The state of the s		understand in the second secon		
CONTRACTOR LEGAL NAME: TOWN OF EAST LONGMEADOW				Executive Office of Elder Affairs
Legal Address; (W-9, W-4,T&C):			MMARS Department Code; ELD	
Legal Address: (W-9, W-4,1&C): 60 CENTER SQ E LONGMEADOW MA 01028-2457		Dusniess mannig Au	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Carolyn Brennan		Billing Address (if dif	fferent):	
E-Mail: cbrennan@eastlongmeadowma.gov		Contract Manager: S	Stacey O'Connell	
Phone: 413-525-5436	Fax;	E-Mail: Stacey.O'Cor	nnell@MassMail.state.r	ma.us
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 7 8		Phone:1-617-222-741	19	Fax: 1-617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD001.		MMARS Doc ID(s): F	Y18COAEastLo	ngmeado
Note: The Address Id Must be set up for <u>EFT</u> payme	nts.)	RFR/Procurement or	Other ID Number: Grar	nt 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. X Commonwealth Terms and Conditions Commonwealth Terms and Conditions 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 lerms 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 required payments are issued within 10 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 Promaty Payments (G.L. c. 29, § 23A); only initial			nendment:, 20 or "no change") ly. Attach details of Amendment changes.) dated scope and budget) or Contract and updated scope/budget) cope or budget) glanguage/justification and updated scope ofference into this Contract. the the terms of this Contract will be supported debts under 815 CMR 9.00. or terms are being amended.) imended). \$39,052.00 rs requesting accelerated payments must a 20 days % PPD; Payment issued within	
payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Promot 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)- 6/30/2019. 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 promotion the Effective Date.				
			ations incurred prior to the <u>Effective</u> stances of all obligations under this is 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 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 an penaltiles 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 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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CONTRACTOR LEGAL NAME: OWN OF EASTHAM		COMMONWEALTH DEPARTMENT NAME: MMARS Department Code: ELD	Executive Office of Elder Affairs
<u>Legal Address: (W-9, W-4,T&C):</u> :500 STATE HWY EASTHAM MA 02642-2589		Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Dorothy Burritt		Billing Address (if different):	
E-Mail: EasthamCOADIrector@comcast.net		Contract Manager: Stacey O'Connell	
<u>Phone</u> : 508-255-6164	Fax:	E-Mail: Stacey.O'Connell@MassMail.state	o.ma.us
Contractor Vendor Code: VC6000191779		Phone:1-617-222-7419	Fax: 1-617-727-9368
/endor Code Address ID (e.g. "AD001"): AD <u>001</u> .		MMARS Doc ID(s): FY18COAEasth	am000000
Note: The Address Id Must be set up for <u>EFT</u> paymer	rts.)	RFR/Procurement or Other ID Number: Gra	ant 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 suppo 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	artment) dget) grants <u>815 CMR 2.00</u>) orting documentation) cy, scope, budget) scope, budget) nguage/justification, NDITIONS (T&C) has been exec	Enter Current Contract End Date <u>Prior</u> to A Enter Amendment Amount: \$	(or "no change") nly. Attach details of Amendment changes.) pdated scope and budget) rim Contract and updated scope/budget). scope or budget) ing language/justification and updated scope
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). \$21,039.00			d debts under 815 CMR 9.00. or terms are being amended.) amended). \$21,039.00
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.)			in 20 days % PPD; Payment issued within
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 may support Council on Aging activities identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 6/30/2019 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.		May support Council on Aging activities as the municipality will complete a final fiscal	
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference in 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:			

(Updated 1/4/2018) Page 1

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CONTRACTOR LEGAL NAME:	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
CITY OF EASTHAMPTON	MMARS Department Code: ELD	
Legal Address: (W-9, W-4,T&C): 50 PAYSON AVE EASTHAMPTON-MAY01027-2255	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Linda & Talber Orendan Regers	Billing Address (if different):	
E-Mail: Halbot@costhompton. Of brogers @easth Lupton.org	Contract Manager: Stacey O'Connell	
<u>Phone</u> : 413-527-6151 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: VC6000191781	<u>Phone</u> :1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD <u>001</u> .	MMARS Doc ID(s): FY18COAEasthampton00	
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 Conditions	uted, 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). \$33,998.00		
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. 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 16/30/2018 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 Control	actor 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.		
Amendment has been executed by an authorized signatory of the Contractor, the Depa approvals. The Contractor makes all certifications required under the attached <u>Contractor</u> penalties of perjury, agrees to provide any required documentation upon request to sup business in Massachusetts are attached or incorporated by reference herein according <u>Conditions</u> , this Standard Contract Form including the Instructions and Contractor Cerand additional negotiated terms provided that additional negotiated terms will take precipitations.	"Effective Date" of this Contract or Amendment shall be the latest date that this Contract or artment, 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 oport 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 tifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, edence over the relevant terms in the RFR and the Contractor's Response only if made using d 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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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		
	MMARS Department Code: ELD		
	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108		
	Billing Address (if different):		
	Contract Manager: Stacey O'Connell		
Fax:	E-Mail: Stacey.O'Conneil@MassMail.state.ma.us		
	Phone:1-617-222-7419 Fax: 1-617-727-9368		
	MMARS Doc ID(s): FY18COAEaston0000000		
nts.)	RFR/Procurement or Other ID Number: Grant Award		
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.)		
rants 815 CMR 2.00)	Amendment to Scope or Budget (Attach updated scope and budget)		
orting documentation)	Interim Contract (Atlach justification for Interim Contract and updated scope/budget)		
scope, budget) guage/justification,	Contract Employee (Attach any updates to scope or budget) Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)		
NDITIONS (T&C) has been exe Commonwealth Terms and	cuted, filed with CTR and is incorporated by reference into this Contract. Conditions For Human and Social Services.		
ons or other non-appropriated fu etails of all rates, units, calculation rum Obligation for total duration	of this contract will be supported the supported the supported the supported the supported the supported 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). \$40,381.00		
iys % PPD; Payment issued Jentify reason: <u>X</u> agree to sta andard EFT 45 day payment cy	igh <u>EFT_45</u> , days, from invoice receipt. Contractors requesting accelerated payments must within 15 days — % PPD; Payment issued within iderd 45 day cycle statutor //legal or Ready Payments (<u>G.L. c. 29, § 23A</u>); only initial le. See <u>Prompt Pay Discounts Policy.</u>)		
ount is determined by a census- Guide. The activity performance I. Ongoing eligibility for formula	ENT: This contract is to locally distribute a formula grant award to the Councils on Aging of pased allocation of available grant funding. Furth hay support Council on Aging activities as period for this award is 7/1/2016 — 6/30/2018 the municipality will complete a final fiscal grant funding is contingent on satisfactory prior year performance.		
only) The Department and Con	ractor certify for this Contract, or Contract Amendment, that Contract obligations:		
penormance expectations and allow any close out or transition	Obligations shall survive its termination for the number of resolving any claim or dispute.		
	e option only) ariment) dget) rrants <u>815 CMR 2.00</u>) orting documentation) cy, scope, budget) scope, budget		

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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/OSD Forms.

CONTRACTOR LEGAL NAME:		COMMONWEALTH DEPARTMENT NAME:	Evecutive Office of Elder Affaire
TOWN OF EGREMONT		MMARS Department Code: ELD	Executive Office of Light Anglia
<u>Legal Address</u> : (W-9, W-4,T&C) : PO BOX 368 SOUTH EGREMONT MA 01258-0368		Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Bruce Bernstein		Billing Address (if different):	
E-Mail: tegremont@egremont-ma.gov		Contract Manager: Stacey O'Connell	
Phone: 413-528-8269	Fax:	E-Mail: Stacey.O'Connell@MassMail.state.	ma.us
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 8 5		Phone:1-617-222-7419	Fax: 1-617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD001.		MMARS Doc ID(s): FY18COAEgrem	ont00000
Note: The Address ld Must be set up for <u>EFT</u> paymer	ıts.)	RFR/Procurement or Other ID Number: Gra	nt Award
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check on: Statewide Contract (OSD or an OSD-designated Dep: Collective Purchase (Attach OSD approval, scope, bu Department Procurement (Includes State or Federal g (Attach RFR and Response or other procurement supp Emergency Contract (Attach justification for emergen Contract Employee (Attach justification for emergen Contract Employee (Attach Employment Status Form, X Legislative/Legal or Other: (Attach authorizing lat scope and budget The following COMMONWEALTH TERMS AND CO X Commonwealth Terms and Conditions COMPENSATION: (Check ONE option): The Departm in the state accounting system by sufficient appropriati Rate Contract (No Maximum Obligation. Attach d X Maximum Obligation Contract Enter Total Maxim PROMPT PAYMENT DISCOUNTS (PPD): Commonw identify a PPD as follows: Payment issued within 10 d 30 days % PPD. If PPD percentages are left blank, payment (subsequent payments scheduled to support se	artment) dget) rants 815 CMR 2.00) orting documentation) cy, scope, budget) scope, budget) scope, budget) nguage/justification, NDITIONS (T&C) has been execCommonwealth Terms and C ment certifies that payments for autions or other non-appropriated funcetails of all rates, units, calculations num Obligation for total duration of realth payments are issued throughays % PPD; Payment issued widentify reason: _X_agree to stance	Enter Current Contract End Date <u>Prior</u> to An Enter Amendment Amount: \$	or "no change") Ily. 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. or terms are being amended.) amended). \$4,903.50 pris requesting accelerated payments must in 20 days % 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. Furtain ay support Council on Aging activities identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2016 6/30/2019 when 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.		Amay support Council on Aging activities as municipality will complete a final fiscal	
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor 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: Authorizing Signature and Date Must Be Handwritten At Time of Signature) Print Name: Print Title: X: Authorizing Signature and Date Must Be Handwritten At Time of Signature) Print Name: Print Title: X: Conditions (Signature) Print Name: Print Title: X: Conditions (Signature) Print Tit			

(Updated 1/4/2018) Page 1

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CONTRACTOR LEGAL NAME:	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
TOWN OF ERVING	MMARS Department Code: ELD	
<u>Legal Address:</u> (W-9, W-4,T&C): 12 E MAIN ST ERVING MA 01344-9717	<u>Business Mailing Address</u> : 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Paula Betters	Billing Address (if different):	
E-Mail: seniorcenter.paula.betters@erving-ma.org	Contract Manager: Stacey O'Connell	
<u>Phone</u> : 413-423-3649 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 8 6	<u>Phone</u> :1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COAErving0000000	
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	
Collective Purchase (Attach OSD approval, scope, budget)	Enter Amendment Amount: \$ (or "no change") 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) <u>Emergency Contract</u> (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	uted, filed with CTR and is incorporated by reference into this Contract.	
X Commonwealth Terms and Conditions Commonwealth Terms and C	onditions For Human and Social Services.	
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. <u>Rate Contract (</u> No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) <u>X Maximum Obligation Contract</u> Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$5,000.00 <u>PROMPT PAYMENT DISCOUNTS (PPD):</u> Commonwealth payments are issued through <u>EFT 45</u> 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: <u>X</u> agree to standard 45 day cycle statutory/legal or Ready Payments (<u>G.L. c. 29, § 23A</u>); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. 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. Fund that 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 76/30/2018 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 Control	actor 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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CONTRACTOR LEGAL NAME: TOWN OF ESSEX	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
<u>Legal Address:</u> (W-9, W-4,T&C): 30 MAIN ST ESSEX MA 01929-1247	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108		
Contract Manager: Kristin Crockett	Billing Address (if different):		
E-Mail: coa@essexma.org	Contract Manager: Stacey O'Connell		
Phone: 978-768-7932 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us		
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 8 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): FY18COAEssex00000000		
Note: The Address Id Must be set up for EFT payments.)	RFR/Procurement or Other ID Number: Grant Award		
	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). \$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, § 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 6/30/20 16 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			
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:			

(Upunted 1/4/2018) Page 1

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www.indos.gowood.undor.Culdance i or ver	dolo - Formo of www.mass.q	CWOOD UNION	
CONTRACTOR LEGAL NAME: TOWN OF FAIRHAVEN		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	
10 CENTER ST FAIRHAVEN MÁ 02719-2932			
Contract Manager: Anne Silvia		Billing Address (if different):	
E-Mail: asilvia@fairhaven-ma.gov	· · · · · · · · · · · · · · · · · · ·	Contract Manager: Stacey O'Connell	
Phone: 508-979-4029	Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 8 9		<u>Phone</u> :1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.		MMARS Doc ID(s): FY18COAFairhaven0000	
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		CONTRACT AMENDMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check on		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, but		Enter Amendment Amount: \$ (or "no change")	
Department Procurement (includes State or Federal g	rants 815 CMR 2.00)	AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)	
(Attach RFR and Response or other procurement supp		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 emergen Contract Employee (Attach Employment Status Form,		Contract Employee (Attach any updates to scope or budget)	
X_Legislative/Legal or Other: (Attach authorizing la		Legislative/Legal or Other: (Attach authorizing language/justification and updated scope	
scope and budget	MONTONIO (TO O) I	and budget)	
X Commonwealth Terms and Conditions		xecuted, filed with CTR and is incorporated by reference into this Contract. Id 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.). \$40,459.00 PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice recipit. 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 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 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 71/12017 – 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 Co			
CONTRACT END DATE: Contract performance shall	terminate as of June 30th, 2	2018 with no new obligations being incurred after this date unless the Contract is properly	
amended, provided that the terms of this Contract an	d performance expectations a	nd obligations shall survive its termination for the purpose of resolving any claim or dispute, tion performance, reporting, invoicing or final payments, or during any lapse between	
amendments.	anow any close out or transi	ion periorinance, reporting, invoicing or linar payments, or during any rapse 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 Contrament 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 recapprovals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the paint 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 additional plegotiated 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 publined 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 Certifications. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X:		repartment, 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 support compliance, and agrees that all terms governing performance of this Contract and doing ng 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, recedence over the relevant terms in the RFR and the Contractor's Response only if made using aded RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: Date: Cignature and Date Must Be Handwritten At Time of Signature) Print Name:	
Print Title: TOW V APM			

(Updated 1/4/2018) Page 1

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www.mass.gov/osc_under_datance_rur_ve	HOUIS - FUILIS OF WWW.HIASS.L	100/080 under OSD Edit	<u>15</u> .	
CONTRACTOR LEGAL NAME: CITY OF FALL RIVER				Executive Office of Elder Affairs
		MMARS Departn		<u> </u>
<u>Legal Address</u> : (W-9, W-4,T&C): 1 GOVERNMENT CTR FALL RIVER MA 02722-7700		Business Mailing	Address: 1 Ashburton I	Place Room 517, Boston, MA 02108
Contract Manager: Henry R. Vaillancourt		Billing Address	if different):	
E-Mail: ljonas@fallriverma.org		Contract Manage	er: Stacey O'Connell	
Phone: 508-324-2402	Fax:	E-Mail: Stacey.C	'Connell@MassMall.state	.ma.us
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 9 0		Phone:1-617-222	-7419	Fax: 1-617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD001.		MMARS Doc ID(s	E FY18COAFallRi	ver0000
Note: The Address Id Must be set up for <u>EFT</u> payme	nts.)	RFR/Procuremer	t or Other ID Number: Gra	ant Award
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check on Statewide Contract (OSD or an OSD-designated Dep Collective Purchase (Attach OSD approval, scope, budepartment Procurement (includes State or Federal (Contract of the Contract of the	artment) udget) grants <u>815 CMR 2.00</u>)	Enter Amendmen AMENDMENT TY	ntract End Date <u>Prior</u> to Ar t Amount: \$, ((or "no change") nly. Attach details of Amendment changes.)
(Attach RFR and Response or other procurement supp <u>Emergency Contract</u> (Attach justification for emergen <u>Contract Employee</u> (Attach <u>Employment Status Form</u> <u>X Legislative/Legal or Other</u> ; (Attach authorizing la scope and budget	icy, scope, budget) , scope, budget)	Interim Contract Contract Employ	(Attach justification for Interi ee (Attach any updates to s	im Contract and updated scope/budget)
The following COMMONWEALTH TERMS AND CO X_Commonwealth Terms and Conditions	ONDITIONS (T&C) has been on the Commonwealth Terms a	executed, filed with CTI and Conditions For Huma	R and is incorporated by r n and Social Services.	eference into this Contract.
COMPENSATION: (Check ONE option): The Departr 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 letails of all rates, units, calcula	I funds, subject to interce ations, conditions or term	pt for Commonwealth owed s and any changes if rates o	d debts under 815 CMR 9.00. or terms are being amended.)
PROMPT PAYMENT DISCOUNTS (PPD): Commonwidentify 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)	days % PPD; Payment issui identify reason: X_agree to:	ed within 15 days % standard 45 day cycle s	PPD; Payment issued withi statutory/legal or Ready Pay	in 20 days % PPD; Payment issued within
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. Further than support Council on Aging active 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 fits 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 he municipality will complete a final fiscal		
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:			<u>: Date</u> . o the <u>Effective Date</u> . gations incurred prior to the <u>Effective</u> nstances 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 Contractor. Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any 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:			t Date specified above, subject to any required to not attached hereto) under the pains and verning performance of this Contract and doing noe, 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.	
(Signature and Date Must Be Handwritten At Time Print Name: Josiel F. Correia Brint Title: Mayor	<u> </u>	X:	Date wust Be Handwritter	Date: 2-1-70 n At Tune 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 www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/osc under OSD Forms.

CONTRACTOR LEGAL NAME: CITY OF FITCHBURG	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4,T&C) : 166 BOULDER DR STE 108 FITCHBURG MA 01420-3168	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Joan Goodwin	Billing Address (if different):	
E-Mail: jgoodwin@fitchburgma.gov	Contract Manager: Stacey O'Connell	
Phone: 978-345-9598 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 9 3	Phone:1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COAFitchburg0000	
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) Contract Employee (Attach Employment Status Form, scope, budget)	CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment:, 20 Enter Amendment Amount: \$ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.) Amendment to 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)	
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and 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		
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). \$66,646.69		
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. Further may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/20161-6/30/2016. 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:		
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 COMMONWEALTH: X: Authorizing SIGNATURE FOR THE COMMONWEALTH: Print Title: Print Title: Print Title: Print Title: 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_or www.mass.gov/osc under Guidance

CONTRACTOR LEGAL NAME: TOWN OF FLORIDA	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
<u>Legal Address:</u> (W-9, W-4,T&C) : PO BOX 61 FLORIDA MA 01247-0061	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Paul Cormier	Billing Address (if different):	
E-Mail: seniorcenter.floridamass@gmail.com	Contract Manager: Stacey O'Connell	
Phone: 413-662-2811 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 9 1	Phone:1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc (D(s): FY18COAFlorida000000	
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)	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.)	
Department Procurement (includes State or Federal grants &15 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 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 of		
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract Enter Total Maximum 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, 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 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/–6/30/2016 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:		
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 CONTRACTOR:		
X: (Labert Defect Date: 1818. (Signature and Date Must Be Handwritten At Time of Signature) Print Name: Charles Deblect Print Title: Town Administration.	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 OSD Forms.

CONTRACTOR LEGAL NAME:	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
TOWN OF FOXBOROUGH	MMARS Department Code: ELD	
Legal Address: (W-9, W-4,T&C): 40 SOUTH ST FOXBORO MA 02035-2397	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager; Vicki Lowe	Billing Address (if different):	
E-Mail: vlowe@foxboroughma.gov	Contract Manager: Stacey O'Connell	
<u>Phone</u> : 508-543-1252 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 9 2	Phone:1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COAFoxborough000	
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,	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	
scope and budget	and budget)	
The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been exe 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). \$31,312.00		
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. Further 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 16 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 Com	tractor 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

4/1

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.

<u>CONTRACTOR LEGAL NAME</u> : TOWN OF FRAMINGHAM	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	
I50 CONCORD ST FRAMINGHAM MA 01702-8367		
Contract Manager: Grace O'Donnell	Billing Address (if different):	
E-Mail: grace.odonnell@framinghamma.gov	Contract Manager: Stacey O'Connell	
Phone: 508-532-5980 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 9 3	<u>Phone</u> :1-617-222-7419	
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COAFramingham000	
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 aut	Conditions For Human and Social Services. thorized 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. <u>Rate Contract.</u> (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) <u>X. Maximum Obligation Contract.</u> Enter Total Maximum Obligation for total duration of this Contract (or <i>new</i> Total if Contract is being amended). \$119,701.16 PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through <u>EFT.45</u> 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. Fundamina 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:		
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 penaltites 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)74/2018) 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.

www.mass.gov/osc under Guidance For Ven	dots - runns of www.mass.gov	nosa under OSD Forii	15.	
CONTRACTOR LEGAL NAME: TOWN OF FRANKLIN				Executive Office of Elder Affairs
		MMARS Departm		
<u>Legal Address:</u> (W-9, W-4,T&C): 355 E CENTRAL ST FRANKLIN MA 02038-1352		Business Mailing	<u>ı Address</u> : 1 Ashburton F	Place Room 517, Boston, MA 02108
Contract Manager: Karen Alves		<u>Billing Address (</u>	if different):	
E-Mail: kalves@franklin.ma.us		Contract Manage	r: Stacey O'Connell	
Phone: 508-520-4945	Fax:	E-Mail: Stacey.O	'Connell@MassMail.state.	.ma.us
Contractor Vendor Code: VC6000191794	·	Phone:1-617-222	-7419	Fax: 1-617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD001.		MMARS Doc ID(s): FY18COAFranki	In 0 0 0 0 0 0
Note: The Address Id Must be set up for <u>EFT</u> paymen	its.)	RFR/Procuremen	t or Other ID Number: Gra	int Award
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one	option only)	Enter Current Co.		AMENDMENT
Statewide Contract (OSD or an OSD-designated Depa	ertment) .		it Amount: \$ (c	
Collective Purchase (Attach OSD approval, scope, but				ly. Attach details of Amendment changes.)
<u>Department Procurement (includes State or Federal gr</u> (Attach RFR and Response or other procurement support		Amendment to S	cope or Budget (Attach up	dated scope and budget)
Emergency Contract (Attach justification for emergence	cy, scope, budget)		•	m Contract and updated scope/budget)
Contract Employee (Attach Employment Status Form, X_Legislative/Legal or Other: (Attach authorizing lan			ee (Attach any updates to so	
_X_Legislative/Legal or Other: (Attach authorizing landscope and budget	guage/justification,	Legislative/Legal and budget)	or Other: (Attach authorizin	ng language/justification and updated scope
The following COMMONWEALTH TERMS AND COI X Commonwealth Terms and Conditions	NDITIONS (T&C) has been exe Commonwealth Terms and	cuted, filed with CTF	Rand is incorporated by renamed and Social Services.	eference into this Contract.
COMPENSATION: (Check ONE option): The Departm	nent certifies that payments for a	uthorized performance	accented in accordance wii	th the terms of this Contract will be supported
in the state accounting system by sufficient appropriation	ons or other non-appropriated fur	ınds, subject to interce	pt for Commonwealth owed	debts under 815 CMR 9.00.
Rate Contract (No Maximum Obligation. Attach de	etails of all rates, units, calculation	ons, conditions or terms	, s and any changes if rates o	or terms are being amended.)
X Maximum Obligation Contract Enter Total Maxim	-	,		
PROMPT PAYMENT DISCOUNTS (PPD): Commonwe				
identify a PPD as follows: Payment issued within 10 da 30 days % PPD. If PPD percentages are left blank, in				
payment (subsequent payments scheduled to support st	landard EFT.45 day payment cyc	cle. See <u>Prompt Pay D</u>	Discounts Policy.)	
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE				
the municipalities of the Commonwealth. The award am identified in the annually published COA Formula Grant (ount is determined by a census- Guide. The activity performance	-based allocation of av - neriod for this award	allable grant funding. Fungr is 7/1/2016*2 6/30/2014	Binay support Council on Aging activities as
report accounting for how these grant funds were applied				
ANTICIPATED START DATE: (Complete ONE option	only) The Department and Con	itractor certify for this C	Contract, or Contract Amend	ment, that Contract obligations:
1. may be incurred as of the Effective Date (latest si	,	-		
2. may be incurred as of, 20, a date LAT				
X 3. were incurred as of July 1st, 2017, a date PR Date are authorized to be made either as settlement pay				
Contract are attached and incorporated into this Contract				
CONTRACT END DATE: Contract performance shall t				
amended, provided that the terms of this Contract and for completing any negotiated terms and warranties, to				
amendments,	allow arry 6,000 out or manager.	ii ponomanoo, ropo	ilig, involving or inter pay	onis, or during any japon between,
CERTIFICATIONS: Notwithstanding verbal or other re	presentations by the parties, the	e "Effective Date" of	this Contract or Amendmen	nt shall be the latest date that this Contract or
Amendment has been executed by an authorized sign	natory of the Contractor, the Dep	partment, or a later Co	entract 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			
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			nce, the applicable <u>Commonwealth Terms and</u>	
Conditions, this Standard Contract Form including the				
and additional negotiated terms, provided that additional the process outlined in 801 CMR 21-97, incorporated h				
AUTHORIZING MIGNATURE FOR THE CONTRACTO		Δ.	SIGNATURE FOR THE CO	· ·
		·Van	MITONO	1.19
X: X / / / / / / / / / / / / / / (Signature and Date Must Be Handwritten At Time of	Date: / /// X. of Signature)	X: V V YV /Signature and	Date Must Be Handwritten	Date:
Print Name: JEFFREY Nothing) .	Print Name:		SUNGERY
Printfille: Town Apmin Istant	or.	Print Title:	1/Hothing	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 Senices 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 wild. 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 Culdance For Vendors - Forms or www.mass.gov/osc under Culdance For Vendors - For

CONTRACTOR LEGAL NAME: TOWN OF FREETOWN		COMMONMEALTH DEPARTMENT NAME: Executive Office of Elder Affairs		
		MMARS Department Code: ELD	***************************************	
<u>Legal Address</u> ; (W9, W4, T&C); 3 N MAIN ST ASSONET MA 02702-1117		Business Mailing Address: 1 Ashburton I	Place Room 517, Boston, MA 02108	
Contract Manager: Barbara Lafleur		Billing Address (if different):		
E-Mail: Coa@Freetownma.gov		Contract Manager: Stacey O'Connell		
<u>Phone</u> : 508-763-9557	Fax:	E-Mail: Stacey.O'Connell@MassMail.state	maus	
Contractor Vendor Code: VC6000191795		Phone:1-617-222-7419	Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.		MMARS Doc ID(s): FY18COAFreeto	wn00000	
Note: The Address id Must be set up for <u>EFT</u> payme	nts.)	RFR/Procurement or Other ID Number: Gra	ant Award	
X NEWCONTRACT		CONTRACT	AMENDMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check on	e option only)	Enter Current Contract End Date Prior to Ar	mendment:, 20	
Statewide Contract (OSD or an OSD designated Dep		Enter Amendment Amount: \$ (or "no change")		
Collective Purchase (Attach OSD approval, scope, bu Department Procurement (includes State or Federal of		AMENDMENT TYPE: (Check one option on	AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)	
(Attach RFR and Response or other procurement supp	corting documentation)	Amendment to Scope or Budget (Attach up		
Emergency Contract (Attach justification for emergen	ncy, scope, budget)	Interim Contract (Attach justification for Interi	m Contract and updated scope/budget)	
Contract Employee (Attach Employment Status Form X Legislative/Legal or Other: (Attach authorizing la	, scope, budget)	Contract Employee (Attach any updates to s		
scope and budget	nguaga justikakan,	Legislative/Legal or Other: (Attach authorizing and budget)	ig language/justification and updated scope	
The following COMMONWEALTH TERMS AND CO	NDITIONS (T&C) has been ex		eference into this Contract.	
X_Commonwealth Terms and Conditions	Commonwealth Terms an	d Conditions For Human and Social Services.		
COMPENSATION: (Check ONE option): The Departr				
in the state accounting system by sufficient appropriat	ions or other non-appropriated f	unds, subject to intercept for Commonwealth owed	debtsunder 815 OMR 9.00.	
Rate Contract (No Maximum Obligation. Attach d X Maximum Obligation Contract Enter Total Maximum	eans or annates, units, carculau mum Oblication for total duration	oris, conditions or terms and any changes it rates on n of this Contract for new Total if Contract is being a	rterms are being amended.) amended), \$16,985,00	
PROMPT PAYMENT DISCOUNTS (PPD); Commonw				
identify a PPD as follows: Payment issued within 10 c	tavs % PPD: Pavment issue	ough <u>cm</u> 45 days from invoice receipt. Contract d within 15 days % PPD: Payment issued within	rs requesting accelerated payments must a 20 days % PPD: Payment issued within	
30 days % PPD. If PPD percentages are left blank,	identify reason: X agree to sta	andard 45 day cycle statutory/legal or Ready Pay	ments (G.L. c. 29, § 23A); only initial	
payment (subsequent payments scheduled to support s				
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. Furthernly support Council on Aging activities as				
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—6/30/2018. The municipality will complete a final fiscal		e municipality will complete a final fiscal		
report accounting for how these grant funds were applie	ed. Ongoing eligibility for formula	a grant funding is contingent on satisfactory prior ye	ear performance.	
ANTICIPATED START DATE: (Complete ONE option	n only) The Department and Co	ntractor certify for this Contract, or Contract Amend	ment, that Contract obligations:	
		<u>Date</u> .		
2. may be incurred as of, 20, a date LA	TER than the <u>Effective Date</u> be	low and <u>no</u> obligations have been incurred <u>prior</u> to	the <u>Effective Date</u> .	
X 3. were incurred as of <u>July 1st</u> , 2017, a date PF Date are authorized to be made either as settlement pa	ROR to the <u>Effective Date</u> below	v, and the parties agree that payments for any oblig	ations incurred prior to the Effective	
Contract are attached and incorporated into this Contract	ot. Acceptance of payments for	ever releases the Commonwealth from further dain	ns 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 property				
amended, provided that the terms of this Contract and for completing any negotiated terms and warranties, to	d performance expectations ar	nd obligations shall survive its termination for the p	surpose of resolving any daim or dispute,	
amendments.	anow any dose out or transiti	on periorinance, reporting, involoning or linal paying	ans, or during any lapse between	
CERTIFICATIONS: Notwithstanding verbal or other re	apresentations by the parties, t	ne "Effective Date" of this Contract or Amendme	nt shall be the latest date that this Contract 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 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 re	quired under the attached <u>Co</u>	ntractor 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.		he Contractor's Response only if made using		
AUTHORIZING SIGNATURE FOR THE CONTRACTO		AUTHORIZING SIGNATURE FOR THE CO	AVINCANVEALIH: 1 10	
X IMU WILL	Date:	X VVVVVVVVVV	Date: X-170	
(Signature and Date Must Be Handwritten At Time of	of Signatule)	(Signature and Date Must/Be Flandwritten		
Print Name: DATE DE TAMES Print Title: TOWN ADMINISTICATE		Print Name: CAGA C C	insely	
Taken Live Har Vi setting	· · · · ·	rink line.	/	

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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 QSD Forms.

CONTRACTOR LEGAL NAME:	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
CITY OF GARDNER	MMARS Department Code; ELD	
<u>Legal Address</u> : (W-9, W-4,T&C): 95 PLEASANT ST STE 17 GARDNER MA 01440-2630	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Claude Leger	Billing Address (If different):	
E-Mail: cleger@gardner-ma.gov	Contract Manager: Stacey O'Connell	
<u>Phone</u> : 978-630-4067 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 9 5	Phone:1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COAGardner000000	
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 exert and conditions Commonwealth Terms and Conditions	CONTRACT AMENDMENT Enter Current Contract End Date Prior to Amendment:, 20 Enter Amendment Amount: \$ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.) Amendment to 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.	
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). \$39,983.00 **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 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 squart 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. Furthern y 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:		
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	

(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.

CONTRACTOR LEGAL NAME:	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
TOWN OF GEORGETOWN	MMARS Department Code: ELD	
<u>Legal Address:</u> (W-9, W-4,T&C): 1 LIBRARY ST GEORGETOWN MA 01833-2052	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Colleen Ranshaw-Fiorello	Billing Address (if different):	
E-Mail: cfiorello@georgetownma.gov	Contract Manager: Stacey O'Connell	
Phone: 978-352-5726 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 9 7	<u>Phone</u> :1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc D(s): FY 18 COA Georgetown 000	
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) 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 Conditions	uted, 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.). \$13,852.00 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. Figure Fi		
2. may be incurred as of the Effective Date, halest signature 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 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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CONTRACTOR LEGAL NAME: TOWN OF GILL	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
<u>Legal Address:</u> (W-9, W-4,T&C) : 325 MAIN RD GILL MA 01376-9758	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Roberta Potter	Billing Address (if different):	
E-Mail: coa@montague-ma.gov	Contract Manager: Stacey O'Connell	
Phone: 413-863-4500 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: VC6000191798	Phone:1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD <u>001</u> .	MMARS DociD(s): FY18COAGIII000000000	
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 <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, 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, scope and budget	Contract Employee (Atlach 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	y /	
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). \$4.714.97 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. Further 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 – 6/30/20 10 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 Control	actor 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 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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CONTRACTOR LEGAL NAME: CITY OF GLOUCESTER	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	
9 DALE AVE GLOUCESTER MA 01930-3009	Printing & Addings (IE different).	
Contract Manager: Lucy Sheehan	Billing Address (if different): Contract Manager: Stacey O'Connell	
E-Mail: Isheehan@gloucester-ma.gov		
Phone: 978-281-9765 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 9 6	Phone:1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COAGloucester000	
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) Statewide Contract (OSD or an OSD designated Department)	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: \$	
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 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	
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	cuted, filed with CTR and is incorporated by reference into this Contract. Conditions For Human and Social Services.	
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). \$71,819.00 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. 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 f 6/30/2018. The municipality will complete a final fiscal		
report accounting for how these grant funds were applied. Ongoing eligibility for formula g	rant funding is contingent on satisfactory prior year performance.	
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contr	,	
1. may be incurred as of the Effective Date (latest signature date below) and <u>no</u> oblig		
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 COMMONWEALTH: X:		
Print Title:	Print Title: Thorning CFO	

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www.mass.goviose and of Odicarice For Ve	INDIG - I DITIO OF WWW.III055.G	outosa under OSD 1 clims.	
CONTRACTOR LEGAL NAME: TOWN OF GOSHEN		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 125 GOSHEN MA 01032-0125			
Contract Manager: Evelyn Culver		Billing Address (if different):	
E-Mail: coa@goshen-ma.us	_	Contract Manager: Stacey O'Connell	
<u>Phone</u> : 413-268-8236	Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 9 9		Phone:1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.		MMARS Doc ID(s): FY18COAGoshen0000000	
Note: The Address ld Must be set up for <u>EFT</u> paymen	nts.)	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)	
The following COMMONWEALTH TERMS AND CO X Commonwealth Terms and Conditions	NDITIONS (T&C) has been en Commonwealth Terms an	recuted, filed with CTR and is incorporated by reference into this Contract. d Conditions For Human and Social Services.	
in the state accounting system by sufficient appropriating Rate Contract. (No Maximum Obligation. Attach digital X. Maximum Obligation Contract. Enter Total Maximum PROMPT PAYMENT DISCOUNTS (PPD): Commonw.	ons or other non-appropriated etails of all rates, units, calculat num Obligation for total duratio realth payments are issued the	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). \$5,000.00 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	
30 days % PPD. If PPD percentages are teft blank, payment (subsequent payments scheduled to support s	dentify reason: <u>X</u> agree to st tandard EFT 45 day payment o	andard 45 day cycle statutory/legal or Ready Payments (<u>G.L. c. 29, § 23A</u>); only initial ycle. See <u>Prompt Pay Discounts Policy.</u>)	
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMET the municipalities of the Commonwealth. The award amount is determined by a census-bail dentified in the annually published COA Formula Grant Guide. The activity performance per report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funds were applied.		s-based allocation of available grant funding. Furtie hay support Council on Aging activities as be period for this award is 7/1/2016 — 6/30/2017 — the municipality will complete a final fiscal a grant funding is contingent on satisfactory prior year performance.	
ANTICIPATED START DATE: (Complete ONE option	n only) The Department and Co	ontractor 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 the official printed language of this form shall be agreements, engagement letters, contract forms or other additional definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at

CONTRACTOR LEGAL NAME:		
TOWN OF GOSNOLD	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
<u>Legal Address</u> : (W-9, W-4,T&C): PO BOX 28 CUTTYHUNK MA 02713-0028	MMARS Department Code: ELD Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Kris Lombard		
E-Mail: lombard47@gmail.com	Billing Address (if different):	
Phone: 508-990-7408 Fax:	Contract Manager: Stacey O'Connell	
Contractor Vendor Code: VC6000191800	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Vendor Code Address ID (e.g. "AD001"): AD001.	Phone:1-617-222-7419 Fax: 1-617-727-9368	
Note: The Address Id Must be set up for <u>EFT</u> payments.)	MMARS Doc ID(s): FY18COAGosnold000000	
X NEW CONTRACT	RFR/Procurement or Other ID Number: Grant Award	
PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	CONTRACT AMENDMENT	
Statewide Contract (OSD or an OSD-designated Department)	Enter Current Contract End Date Prior to Amendment: 20	
Unlective Purchase (Alfach OSD approval scope burkey)	Enter Amendment Amount: \$ (or "ne change")	
Department Procurement (includes State or Federal ample 645 CMD 8 66)	AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)	
(Attach RFR and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget)	Americanet to Scope or Budget (Attach updated scope and budget)	
Outract Chiproyee (Attact) Employment Status Form, poons, hudenly	Interim Contract (Attach justification for Interim Contract and updated 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)	
	and budget)	
X Commonwealth Terms and Conditions Commonwealth Term	en executed, filed with CTR and is incorporated by reference into this Contract. ns 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. 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 30 days. S PPD: Payment issued within 10 days. PPD: Payment issued within 20 days. S PPD: Payment issued within 20 days.		
payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.) REPO Payment issued within 20 days % 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 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 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 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 annually published COA 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:		
1. may be incurred as of the Effective Date (latest signature date to be a latest signature date	d Contractor certify for this Contract, or Contract Amendment, that Contract obligations:	
2. may be incurred as of 20 o data 1 A TED # # TED #	<u>ю</u> obligations 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 to X.3. were incurred as of, 2017, a date PRIOR to the Effective Date to	e below and <u>no</u> obligations have been incurred <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</u>	
Date are authorized to be made either as settlement payments or as authorized rei	pelow, and the parties agree that payments for any obligations incurred prior to the <u>Effective</u> Industrial modern and that the details and circumstances of all obligations under this of orever releases the Commonwealth from finding and circumstances.	
CONTRACT END DATE: Contract norfer-and all the	related to these 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, 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		
penalties of peniury, agrees to provide any required decrease the attached Contractor Certifications (incorporated by reference if not attached before the provide any required decrease the provide and the provide any required decrease the provi		
Conditions, this standard Contract Form including the Instructions and		
and additional recognition from the Confrontian Description of the Confrontian Description D		
are process dutined in 801 CMR 21.07, incorporated herein, provided that any amended PED or Despense only if made using		
50/	AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:	
X: Date: 1/23/2018 (Signature and Date Must Be Handwritten At Time of Signature)	x 120001/100001/11 200010 1	
Print Title: COA Administrator Director Date: Coa Administrator Director Direct		
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(Updated 1/4/2018) Page 1

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CONTRACTOR LEGAL NAME: TOWN OF GRAFTON	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4,T&C): 80 PROVIDENCE RD GRAFTON MA 01519-1511	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Barbara Connelly	Billing Address (if different):	
E-Mait: ConnellyB@GRAFTON-MA.GOV	Contract Manager: Stacey O'Connell	
Phone: 508-839-9242 Fax:	E-Mait: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 0 2	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): FY18COAGrafton000000	
Note: The Address Id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award	
X NEW CONTRACT	<u>CONTRACT AMENDMENT</u>	
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) 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 exect X Commonwealth Terms and Conditions Commonwealth Terms and Commonwealth Terms are commonwea	uted, filed with CTR and is incorporated by reference into this Contract. onditions For Human and Social Services.	
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). \$27,755.00 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		
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ANTICIPATED START DATE: (Complete ONE option only) The Department and Contra		
1. may be incurred as of the <u>Effective Date</u> (latest signature date below) and <u>no</u> obligi		
X 3. were incurred as of July 1st, 2017, a date PRIOR to the Effective Date below, a	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 reimburse Contract are attached and incorporated into this Contract. Acceptance of payments forever	ment payments, and that the details and circumstances 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,		
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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:		
Print Title: Louis Administrator	Print Title: Print Cho	

(Updated 1/4/2018) Page 1

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CONTRACTOR LEGAL NAME: FOWN OF GRANBY	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
<u>Legal Address:</u> (W-9, W-4,T&C): 10B W STATE ST GRANBY MA 01033-9450	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Jessica Langlois	Billing Address (if different):	
E-Mail: coadirector@granby-ma.gov	Contract Manager: Stacey O'Connell	
Phone: 413-467-3239 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 0 3	Phone:1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COAGranby0000000	
Note: The Address ld Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award	
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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)	
<u>Contract Employee (</u> Attach <u>Employment Status Form,</u> scope, budget) <u>X Legislative/Legal or Other:</u> (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 exc X_Commonwealth Terms and Conditions Commonwealth Terms and	ecuted, 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 a	uthorized 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 fu		
Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculation X Maximum Obligation Contract. Enter Total Maximum Obligation for total duration	ons, conditions or terms and any changes it rates or terms are being amended.) of this Contract (or new Total if Contract is being amended), \$12,172.55	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued thro	sugh 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 15 days % PPD; Payment issued within		
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the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Further municipality support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019—6/30/2019—6/memunicipality 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:		
X 3. were incurred as of July 1st, 2017, a date PRIOR to the Effective Date below	r, 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 are		
	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	
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 Con		
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:	
X: Date: 1/9/25/8	x: Leady (marel Date: 2-/-/8.	
(Signature and Date Must Be Handwritten At Time of Signature)	(Signature and Date Must Be Handwritten At Tilde of Signature)	
Print Name: CHRISTOPHER MANTIN.	Print Name: Kegny Connecty	
Print Title: TOWN ADMINISTER .	Print Title: HOT I WG CFO	
<i>></i>		

(Updated 44/2018) Page 1

R. A.



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.

nable foliate of miratinade.ge	THOUGH GIRD GOD TOTAL		
CONTRACTOR LEGAL NAME: TOWN OF GRANVILLE		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	
707 MAIN RD GRANVILLE MA 01034-9797		·	
Contract Manager: Patty Dickerson		•	
·	Contract Manager:	Stacey O'Connell	
Fax:	E-Mail: Stacey.O'Co	onnell@MassMail.state.	ma.us
	Phone:1-617-222-74	119	Fax: 1-617-727-9368
	MMARS Doc ID(s):	FY18COAGranvi	lle0000
nts.)	RFR/Procurement o	RFR/Procurement or Other ID Number: Grant Award	
e option only)	Enter Current Contra	CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment:, 20,	
	Enter Amendment A	Enter Amendment Amount: \$ (or "no change")	
		•	- '
orting documentation)			· - /
	,	•	, , , ,
	and budget)		
			ference 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			debts under 815 CMR 9.00. r terms are being amended.)
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: 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.)			n 20 days % PPD; Payment issued within
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMEN' the municipalities of the Commonwealth. The award amount is determined by a census-basi identified in the annually published COA Formula Grant Guide. The activity performance per report accounting for how these grant funds were applied. Ongoing eligibility for formula grant.		able grant funding. Funda 7/1/2017 – 6/30/2018. Th	s may support Council on Aging activities as e municipality will complete a final fiscal
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contra		tract, or Contract Amend	ment, that Contract obligations:
· —	~		
		ations incurred prior to the <u>Effective</u> stances of all obligations under this is 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.			ourpose of resolving any claim or dispute,
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this of 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 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 name and additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if me 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 of AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: Conditions		Date specified above, subject to any required if not attached hereto) under the pains and ening performance of this Contract and doing ce, the applicable Commonwealth Terms and other solicitation, the Contractor's Response, the Contractor's Response only if made using wer costs, or a more cost effective Contract. DMMONWEALTH:	
	Commonwealth Terms and ment certifies that payments for a lons or other non-appropriated fietails of all rates, units, calculatinum Obligation for total duration wealth payments are issued that lays % PPD; Payment issued identify reason: X agree to standard EFT 45 day payment conduction of the activity performance and the conduction of the activity performance and the conduction only) The Department and Consignature date below) and no obtained to the Effective Date below yments or as authorized reimbut and the Effective Date below yments or as authorized reimbut and conduction on the Effective Date below yments or as authorized reimbut and performance expectations and allow any close out or transition of the Contractor, the Despresentations by the parties, the natory of the Contractor, the Despressentation upon request to seed by reference herein according instructions and Contractor Contractor, provided that any amendors: Date: 124 18	Business Mailing A Billing Address (if a Contract Manager: E-Mail: Stacey.O'Co Phone:1-617-222-74 MMARS Doc ID(s): RER/Procurement of e option only) artment) diget) prants 815 CMR 2.00) orting documentation) cy, scope, budget) scope, budget on the scope least templower scall budget) scope, budget on the scope least templower scall budget) scope, budget on the scope least templower scall budget) scope, budget on the scope least templower scall budget) scope, budget on the scope least templower scall budget) scope, budget on the scope least templower scall budget) scope, budget on the scope least templower scall budget) scope, budget on the scope least templower scall budget) scope, budget on the scope least templower scall budget) scope, budget on the scope least templower scall budget on the scope least templower scal	MMARS Department Code: ELD Business Mailing Address: 1 Ashburton F Billing Address (if different): Contract Manager: Stacey O'Connell E-Mail: Stacey.O'Connell@MassMail.state. Phone:1-617-222-7419 MMARS Doc ID(s): FY 1 8 C O A G r a n v i RFR/Procurement or Other ID Number: Gra e option only) artment) dget) prants 815 CMR 2.00) orting documentation) ory, scope, budget) scope, budget) nguage/justification, gauge/justification, nguage/justification, lear in Contract (Attach justification for Interin Contract (Attach justification

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 enother 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 www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/osc under OSD Forms.

CONTRACTOR LEGAL NAME:	and Cab (City City City City City City City City	
TOWN OF GREAT BARRINGTON	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4,T&C); 334 MAIN ST GREAT BARRINGTON MA 01230-1845	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Pauline Mann	Billing Address (if different):	
E-Mail: pmann@townofgb.org		
Phone: 413-528-1881 Fax:	Contract Manager: Stacey O'Connell	
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 0 6	E-Mail: Stacey,O'Connell@MassMall.state.ma.us	
Vendor Code Address ID (e.g. "AD001"): AD001,	Phone:1-617-222-7419 Fax: 1-617-727-9368	
Note: The Address Id Must be set up for <u>EFT</u> payments.)	MMARS Doc ID(s): FY18COAGreatBarringt	
X NEW CONTRACT	RFR/Procurement or Other ID Number: Grant Award	
PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	CONTRACT AMENDMENT	
Statewide Contract (OSD or an OSD designated Department)	Enter Current Contract End Date Prior to Amendment 20	
Collective Purchase (Attach OSI) approval scope hydrest	Enter Amendment Amount: \$ (or "no change")	
Department Procurement (includes State or Federal greate 945 CAM) a no.	AMENDMENT TYPE: (Check one option only, Attach details of Amendment changes.)	
(Attach RFR and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget)	Amendment to Scope or Budget (Attach updated scope and hidret)	
Contract Employee (Atlach Employment Status Form scans historia	Interim Contract (Attach justification for Interim Contract and updated 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)	
The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been execu X_Commonwealth Terms and Conditions Commonwealth Terms and Conditions	rted, filed with CTR and is incorporated by reference into this Contract.	
- Francisco Control Co	Strations For Fluirian and Godsi Selvices.	
in the state accounting system by system as the payment of authors that payments for authors the state accounting system by system as the payment of the pay	orized performance accepted in accordance with the terms of this Contract will be supported	
Rate Contract (No Maximum Obligation Attach details at all and	of adolest to mercept for commonwealth owed debts under 815 CMR 9 nn	
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of	this Contract for new Total if Contract is being are being emended.)	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must 30 days % PPD. If PPD percentages are left blank, Identify reason: X agree to standard 45 day cycle. stationard of PPD as a stationard of PPD; Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment		
30 days % PPD. If PPD nercentarios are left blank blankter.		
BRIFF DESCRIPTION OF CONTRACT DEPERTMENCE.		
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 identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 71/2015, 620/2015.		
identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/20167-6/30/2012. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funds were applied. Ongoing eligibility for formula grant funds were applied.		
report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is continued to the first the municipality will complete a final fiscal		
Complete Over option only) The Department and Contra	clor certify for this Contract, or Contract Amandment that Contract III.	
" " " or " or " or " or " or " or "	inne heure heem heavened with the strict end of	
X 3. were incurred as of July 1et 2017 a date DDIOD to 10 - 5%	and no obligations have been incurred prior to the Effective Date.	
Date are authorized to be made either as collisioned normants as an authorized to be made either as collisioned normants as an authorized to be made either as collisioned normants as an authorized to be made either as collisioned normants as an authorized to be made either as collisioned normants as an authorized to be made either as collisioned normants as an authorized to be made either as collisioned normants as a collisioned normal nor	d the parties agree that payments for any obligations incurred prior to the Effective	
Contract are attached and incompreted into this Contract. Accordance of a contract	the payments, and start the details and cricumstances of all obligations under this	
Contract are attached and incorporated into this Contract. Acceptance of payments in as authorized reimbursement payments, and that the details and circumstances 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 held survive its termination for the purpose of resolving any claim or dispute, or completing any negotiated terms and warranties, to allow any close out or transition performance reporting to the purpose of resolving any claim or dispute,		
mendments.		
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "F	ffective 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 Departs	nent, or a later Contract or Amendment Start Data specified chairs subject to	
Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment shall be the latest date that this Contract or approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and business in Massachusetts are attached or incorporated by reference herein according to the following biergroup of decuments governing performance of this Contract and doing		
business in Massachusetts are attached or incommented by reference	compliance, and agrees that an terms governing performance of this Contract and doing	
Conditions, this Standard Confract Form Including the Instructions and Contract	Tems and	
the process cultined in Ant CMP 21.07 incompreted basels are stated that additional negotiated terms will take precede	ations, the Request for Response (RFR) or other solicitation, the Contractor's Response, mice over the relevant terms in the RFR and the Contractor's Response only if made using	
the process outlined in <u>801 CMR 21.07</u> , incorporated herein, provided that any amended RAUTHORIZING SIGNATURE FOR THE CONTRACTOR:	The appointment of the state of	
1 Pan to Tabilion 16210	AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:	
X: Date: 18/18 Signature and Date Must Be Handwritten At Time of Signature)	x: 4000 Comey Date: 2-1-18	
Print Name: JENN LEEL TABAKIN	(Signature and Date Must Be Handwritten At Time of Signature)	
Print Title: TOWN MANA GER	Print Name: ICALY LOVINEE/4	
	Print Title: HCTVIVG CEO	

(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.

NTRACTOR LEGAL NAME: CITY KNOWN US COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Af WMARS Department Code: ELD		
Legal Address: (W-9, W-4, T&C):	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
14 COURT SQ GREENFIELD MA 01301-3547 Contract Manager: Hope Macary	Billing Address (if different):	
E-Mail: hope.macary@greenfield-ma.gov	Contract Manager: Stacey O'Connell	
Phone: 413-772-1517 Fax:		
	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 19 18 0 8	<u>Phone</u> :1-617-222-7419	
/endor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc iD(s): FY18COAGreenfield000	
Vote: 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 AMENDMENT Enter Current Contract End Date Prior to Amendment:, 20 Enter Amendment Amount: \$\	
<u>Contract Employee</u> (Attach <u>Employment Status Form</u> , scope, budget) <u>X Legislative/Legal or Other</u> : (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 ex. X Commonwealth Terms and Conditions Commonwealth Terms and	ecuted, filed with CTR and is incorporated by reference into this Contract. I 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). \$39,479.00 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.) 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 the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Fundancy 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 76/30/2016 The amunicipality will complete a final fiscal eport 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	ntractor 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> . 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> .		
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, 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.		
Amendment has been executed by an authorized signatory of the Contractor, the De approvals. The Contractor makes all certifications required under the attached <u>Corpensitions</u> of perjury, agrees to provide any required documentation upon request to subsiness in Massachusetts are attached or incorporated by reference herein accordin <u>Conditions</u> , this Standard Contract Form including the Instructions and Contractor C and additional negotiated terms, provided that additional negotiated terms will take pre-	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 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 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, decedence 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:	

(Updated 14/2018) Page 1

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CONTRACTOR LEGAL NAME: TOWN OF GROTON		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
<u>Legal Address: (W-9, W-4,T&C):</u> 173 MAIN ST GROTON MA 01450-4231		Business Mailing	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Kathy Shelp		Billing Address (if different):	
E-Mail: GCOA@townofgroton.org		Contract Manage	er: Stacey O'Connell	
Phone: 978-448-1170	Fax:	E-Mail: Stacey.0	'Connell@MassMail.state	.ma.us
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 0 9		Phone:1-617-222	-7419	Fax: 1-617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD001.		MMARS Doc ID(s): FY18COAGrotor	1000000
Note: The Address Id Must be set up for EFT payme	nts.)	RFR/Procuremen	t 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) (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, filled with CTR and is incorporated by reference into this Contract. X Commonwealth Terms and Conditions Commonwealth Terms and Conditions 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 inval on the contract of this Contract or new Total if Contract is being amended). **Enter Current Contract End Date **Picor* to Amendment:		mendment:		
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.) ERIEF 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. Figures have 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. The municipality will complete a final fiscal			In grant award to the Councils on Aging of Is may support Council on Aging activities as 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:			dment, that Contract obligations: <u>Date.</u> to the <u>Effective Date.</u> gations 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 Contractor Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any 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 up 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 and Date Must Be Handwritten At Time of Signature) Print Name: Print Name: Print Title: 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 noce, 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.		

(Updated 1/4/2018) Page 1

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CONTRACTOR LEGAL NAME: TOWN OF GROVELAND	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
<u>Legal Address: (W-9, W-4,T&C):</u> 183 MAIN ST GROVELAND MA 01834-1341	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108		
Contract Manager: Lynne A. Stanton	Billing Address (if different):		
E-Mail: Lstanton@GrovelandMA.com	Contract Manager: Stacey O'Connell		
Phone: 978-372-1101 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us		
Contractor Vendor Code: V C 600 0191810	Phone:1-617-222-7419 Fax: 1-617-727-9368		
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COAGroveland0000		
Note: The Address Id Must be set up for $\overline{\mathtt{EFT}}$ 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 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). \$13,153.00 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. 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 Con			
1. may be incurred as of the Effective Date (latest signature date below) and <u>no</u> obligations have been incurred <u>prior</u> to the <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> .			
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 COMMONWEALTH: X: AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: Print Name: Print Title: Print Title: Print Title: Print Title:			

(Updated 1/4/2018) Page 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 <a href="https://www.mass.gov/osc.under.

CONTRACTOR LEGAL NAME: TOWN OF HADLEY	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
<u>Legal Áddress:</u> (W-9, W-4,T&C): 125 RUSSELL ST HADLEY MA 01035-9519	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Suzanne Travisano	Billing Address (if different):	
E-Mail: coa@hadleyma.org	Contract Manager: Stacey O'Connell	
Phone: 413-586-4023 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 1 1	Phone:1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COAHadley0000001	
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) 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 COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be support 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		
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:		
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract 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 dol 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: Actual Gran Place Contractors: X: Actual Gran Place Contractors:		

(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 <a href="https://www.mass.gov/osd under OSD Forms.

CONTRACTOR LEGAL NAME:		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs		
TOWN OF HALIFAX		MMARS Department Code: ELD		
<u>Legal Address;</u> (W-9, W-4,T&C): 499 PLYMOUTH ST HALIFAX MA 02338-1338		Business Mailing Address: 1 Ashburto	on Place Room 517, Boston, MA 02108	
Contract Manager: Barbara Brenton		Billing Address (if different):		
E-Mail: bbrenton@town.halifax.ma.us		Contract Manager: Stacey O'Connell		
Phone: 781-293-7313	Fax:	E-Mail: Stacey.O'Connell@MassMail.sta	ate.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 1 2		Phone:1-617-222-7419	Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.		MMARS Doc ID(s): FY18COAHali	fax000001	
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		CONTRA	CONTRACT AMENDMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check on		Enter Current Contract End Date <u>Prior</u> to	Amendment:, 20	
Statewide Contract (OSD or an OSD-designated Dep		Enter Amendment Amount: \$ (or "no change")		
<u>Collective Purchase</u> (Attach OSD approval, scope, bu <u>Department Procurement</u> (includes State or Federal of		AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)		
(Attach RFR and Response or other procurement supp	porting documentation)	,,	Amendment to Scope or Budget (Attach updated scope and budget)	
Emergency Contract (Attach justification for emerger			terim Contract and updated scope/budget)	
Contract Employee (Attach Employment Status Form X Legislative/Legal or Other: (Attach authorizing la		Contract Employee (Attach any updates t	to scope or budget) rizing language/justification and updated scope	
scope and budget		and budget)		
The following COMMONWEALTH TERMS AND CO X Commonwealth Terms and Conditions		cuted, filed with CTR and is incorporated b Conditions For Human and Social Services.	y reference into this Contract.	
			10. 2. Caste Orania strail has a remarked	
COMPENSATION: (Check ONE option): The Departi in the state accounting system by sufficient appropriat	ment certifies that payments for aut	thorized performance accepted in accordance ide subject to intercent for Commonwealth on	 with the terms of this Contract will be supported wed debts under 815 CMR 9,00. 	
Rate Contract (No Maximum Obligation. Attach of	details of all rates, units, calculation	ns, conditions or terms and any changes if rate	es or terms are being amended.)	
X Maximum Obligation Contract Enter Total Maxi				
PROMPT PAYMENT DISCOUNTS (PPD): Commonw				
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.)		raymente (O.E. o. 20, y 20, y, Ora) muon		
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 hay support Council on Aging active in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2016 16/30/20 18 The municipality will complete a final f		under may support Council on Aging activities as		
identified in the annually published COA Formula Grant Guide. The activity performance pure report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funds were applied.				
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contract				
1. may be incurred as of the <u>Effective Date</u> (latest signature date below) and <u>no</u> obligation		gations have been incurred <u>prior</u> to the <u>Effect</u>	ive Date.	
2. may be incurred as of, 20 , a date LATER than the Effective Date below a		w and <u>no obligations have been incurred pric</u>	or to the Effective Date.	
X 3. were incurred as of July 1st, 2017, a date P				
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,) dilon any ologo out of surrement	pottormarrout repetiting attending of miss. pe	ignorial or dening any rapes assured.	
CERTIFICATIONS: Notwithstanding verbal or other:				
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				
		2 5 05 0 0 1 1 1 t		
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			nce if not attached hereto) under the pains and	
Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Respon		pport compliance, and agrees that all terms g	nce if not attached hereto) under the pains and governing performance of this Contract and doing	
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 uthe 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, 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, and the contractor's response terms result in the contractor's response terms result in the contractor's response terms result in the contractor's response terms response terms response terms result in the contractor's response terms response terms response terms result in the contractor's response terms respo		pport compliance, and agrees that all terms of to the following hierarchy of document prece rtifications, the Request for Response (RFR)	nce if not attached hereto) under the pains and governing performance of this Contract and doing dence, the applicable <u>Commonwealth Terms and</u> or other solicitation, the Contractor's Response,	
and additional negotiated terms, provided that addition	tocumentation upon request to sup ted by reference herein according ne instructions and Contractor Cer anal negotiated terms will take prec	pport compliance, and agrees that all terms of to the following hierarchy of document prece rtifications, the Request for Response (RFR) sedence over the relevant terms in the RFR a	nce if not attached hereto) under the pains and governing performance of this Contract and doing idence, the applicable Commonwealth Terms and or other solicitation, the Contractor's Response, and the Contractor's Response only if made using	
the process outlined in 801 CMR 21.07, incorporated	locumentation upon request to sur- ted by reference herein according ne instructions and Contractor Cer- inal negotiated terms will take preo- I herein, provided that any amende	pport compliance, and agrees that all terms of to the following hierarchy of document prece rtifications, the Request for Response (RFR) sedence over the relevant terms in the RFR and d RFR or Response terms result in best value	nce if not attached hereto) under the pains and governing performance of this Contract and doing idence, the applicable Commonwealth Terms and or other solicitation, the Contractor's Response, and the Contractor's Response only if made using e, lower costs, or a more cost effective Contract.	
the process outlined in 801 CMR 21.07, incorporated AUTHORIZING SIGNATURE FOR THE CONTRACT	documentation upon request to sup ted by reference herein according ne instructions and Contractor Cer anal negotiated terms will take preo I herein, provided that any amender TOR:	pport compliance, and agrees that all terms of to the following hierarchy of document prece rtifications, the Request for Response (RFR) sedence over the relevant terms in the RFR a	nce if not attached hereto) under the pains and governing performance of this Contract and doing dence, the applicable Commonwealth Terms and or other solicitation, the Contractor's Response, and the Contractor's Response only if made using e, lower costs, or a more cost effective Contract.	
the process outlined in 801 CMR 21.07, incorporated AUTHORIZING SIGNATURE FOR THE CONTRACT	documentation upon request to sup ted by reference herein according ne instructions and Contractor Cer anal negotiated terms will take preo I herein, provided that any amender TOR:	pport compliance, and agrees that all terms of to the following hierarchy of document precentifications, the Request for Response (RFR) exedence over the relevant terms in the RFR and RFR or Response terms result in best value AUTHORIZING SIGNATURE FOR THIS X:	nce if not attached hereto) under the pains and governing performance of this Contract and doing idence, the applicable Commonwealth Terms and or other solicitation, the Contractor's Response, and the Contractor's Response only if made using e, lower costs, or a more cost effective Contract. E COMMONWEACTH:	
the process outlined in 801 CMR 21.07, incorporated AUTHORIZING SIGNATURE FOR THE CONTRACT	documentation upon request to sup ted by reference herein according ne instructions and Contractor Cer anal negotiated terms will take preo I herein, provided that any amender TOR:	pport compliance, and agrees that all terms of to the following hierarchy of document precentifications, the Request for Response (RFR) sedence over the relevant terms in the RFR and RFR or Response terms result in best value AUTHORIZING SIGNATURE FOR THE X: (Signature and Date Must Be Handwrite	nce if not attached hereto) under the pains and governing performance of this Contract and doing dence, the applicable Commonwealth Terms and or or other solicitation, the Contractor's Response, and the Contractor's Response only if made using e, lower costs, or a more cost effective Contract. E COMMONWEACTH: Date: 1 - 18. Letter At Time of Signature)	
the process outlined in 801 CMR 21.07, incorporated	documentation upon request to surted by reference herein according to instructions and Contractor Cermal negotiated terms will take preciple in the contractor contracts and contractor Cermal negotiated terms will take preciple in the contract of the cont	pport compliance, and agrees that all terms of to the following hierarchy of document precentifications, the Request for Response (RFR) sedence over the relevant terms in the RFR and RFR or Response terms result in best value AUTHORIZING SIGNATURE FOR THE X: (Signature and Date Must Be Handwrite	nce if not attached hereto) under the pains and governing performance of this Contract and doing idence, the applicable <u>Commonwealth Terms and</u> or other solicitation, the Contractor's Response, and the Contractor's Response only if made using e, lower costs, or a more cost effective Contract. E COMMONWEACTH:	

(Updated 1/4/2018) Page 1

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www.mass.gov/osc under <u>Guidance For Vendors - Forms_or www.rnass.gov/</u>	OSC UNDER USU PULITIS.	
CONTRACTOR LEGAL NAME: OWN OF HAMILTON	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
<u>-egal Address:</u> (W-9, W-4,T&C) : 177 BAY RD SOUTH HAMILTON MA 01982-1032	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Mary Beth Lawton	Billing Address (if different):	
E-Mail: coa@hamiltonma.gov	Contract Manager: Stacey O'Connell	
Phone: 978-468-5595 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: VC6000191814	Phone:1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY 18 COAH amilton 00000	
Note: The Address Id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award	
i Namida ang managang dan kananggang dan managang dan managang dan managang dan managang dan managang dan dan man	CONTRACT AMENDMENT	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	Enter Current Contract End Date <u>Prior to Amendment:, 20</u>	
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) (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)	Contract Employee (Attach any updates to scope or budget) <u>Legislative/Legal or Other:</u> (Attach authorizing language/justification and updated scope	
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget	and hydget)	
TO THE PROPERTY OF THE PROPERT	ecuted, filed with CTR and is incorporated by reference into this Contract.	
X Commonwealth Terms and ConditionsCommonwealth Terms and	CONGRIDUES FOR FIGURES AND COSTS 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). \$12,933.68		
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 schieduled 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 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—76/30/20 18. 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 Co	ontractor 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> .	
Date are authorized to be made either as settlement payments or as authorized terminated remindiscribed payments forever releases the Commonwealth from further claims 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, 201B 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 dol 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 dol 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 dol penalties of perjury, agrees to provide any 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 under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains a penalties of perjury, agrees that all terms governing performance of this Contract and dol penalties of perjury, agrees to provide department, or a later Contractor Certifications (incorporated by reference if not attached hereto) under the pains a penalties of penjury agrees that all terms governing performance of this Contract and dol penjury agrees that all terms governing performance of this Contract and dol penjury agrees that all terms governing performance of this Contract and dol penjury agrees that all terms governing performance of this Contract and dol penjury and agrees that all terms governing performance of this Contract or Response (RFR)		
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(Updated 1/4/2018) Page 1

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www.mass.go		
CONTRACTOR LEGAL NAME: TOWN OF HAMPDEN	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
IOWN OF HAMIFDEN	MMARS Department Code: ELD	
<u>Legal Address:</u> (W-9, W-4,T&C): 625 MAIN ST HAMPDEN MA 01036-9000	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Rebecca Moriarty	Billing Address (if different):	
E-Mail: coa@hampden.org	Contract Manager: Stacey O'Connell	
Phone: 413-586-4023 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 1 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): FY18COAHampden00000	
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) 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)	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)	
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been ex	Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)	
X_Commonwealth Terms and Conditions Commonwealth Terms and Conditions	I 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.) Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$12,232.00		
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 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 formal 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. Fully may support Council on Aging activities a identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2010 6/30/20 10 10 10 10 10 10 10 10 10 10 10 10 10		
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 ob		
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 Common Amendment shall be the latest date that this Common Amendment shall be the latest date that this Common Amendment Start Date specified above, subject to any 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 a business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth T Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Rand additional pegotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if may the process of t		

(Updated 1/4/2018) Page 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/osc under OSD Forms.

CONTRACTOR LEGAL NAME:		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
TOWN OF HANCOCK		MMARS Department Code: ELD	
Legal Address: (W-9, W-4,T&C): 3650 HANCOCK ROAD HANCOCK MA 01237-1097		Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Margaret Fenander		Billing Address (if different):	
E-Mail:		Contract Manager: Stacey O'Connell	
Phone: 413-566-5588	Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 1 6		Phone:1-617-222-7419	
Vendor Code Address ID (e.g. "AD001"): AD001.		MMARS Doc ID(s): FY18COAHancock000000	
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		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, but Department Procurement (includes State or Federal g	dget)	AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)	
(Attach RFR and Response or other procurement support	orting documentation)	Amendment to Scope or Budget (Attach updated scope and budget)	
Emergency Contract (Attach justification for emergence	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 scope and budget		Contract Employee (Attach any updates to scope or budget) Legislative/Legal or Other: (Attach authorizing language/justification and updated scope	
	NDITIONS (T&C) has been ex	and budget) ecuted, filed with CTR and is incorporated by reference into this Contract.	
X_Commonwealth Terms and Conditions	Commonwealth Terms and	d 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.) 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 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. Fundamply 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 7 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	n only) The Department and Cor	ntractor certify for this Contract, or Contract Amendment, that Contract obligations:	
		ligations have been incurred prior to the Effective Date.	
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 herefo) 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 Tem Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Res 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 Contactor's Response terms and Date Must Be Handwritten At Time of Signature) Print Name: Y:			

(Updated 1/4/2018) Page 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/osc under Guidance For Vendors - Forms or www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/osc under Guidance For Vendors - Forms or <a href="https://www.mass.gov/osc under Guidance

CONTRACTOR LEGAL NAME: TOWN OF HANOVER		COMMONWEALTH DEPARTMENT NAME MMARS Department Code: ELD	Executive Office of Elder Affairs	
Legal Address: (W-9, W-4,T&C): 550 HANOVER ST HANOVER MA 02339-2242		Business Mailing Address: 1 Ashburton	Place Room 517, Boston, MA 02108	
Contract Manager: Robyn Millon 79mmy /	nuranoutm	Billing Address (if different):		
E-Mail: coa@hanover-ma.gov		Contract Manager: Stacey O'Connell		
Phone: 413-738-5225	Fax:	E-Mail: Stacey.O'Connell@MassMail.state	.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 1 7		Phone:1-617-222-7419	Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.		MMARS Doc ID(s): FY18COAHanov	0000000	
Note: The Address Id Must be set up for <u>EFT</u> payme	nts.)	RFR/Procurement or Other ID Number: Gr	ant Award	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or on 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)		Enter Current Contract End Date <u>Prior</u> to A Enter Amendment Amount: \$ <u>AMENDMENT TYPE</u> : (Check one option o <u>Amendment to Scope or Budget</u> (Attach u <u>Interim Contract</u> (Attach justification for Inte	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)	
X Legislative/Legal or Other: (Attach authorizing la			scope of budget) ing language/justification and updated scope	
scope and budget The following COMMONWEALTH TERMS AND CO X Commonwealth Terms and Conditions	NDITIONS (T&C) has been e Commonwealth Terms ar	and budget) xecuted, filed with CTR and is incorporated by d Conditions For Human and Social Services.	reference into this Contract.	
COMPENSATION: (Check ONE option): The Departr in the state accounting system by sufficient appropriat Rate Contract. (No Maximum Obligation. Attach of X. Maximum Obligation Contract. Enter Total Maximum	ions or other non-appropriated letails of all rates, units, calcula	funds, subject to intercept for Commonwealth owe tions, conditions or terms and any changes if rates	d debts under 815 CMR 9.00. or terms are being amended.)	
PROMPT PAYMENT DISCOUNTS (PPD): Common 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 states).	lays % PPD; Payment issue identify reason: <u>X</u> agree to standard EFT 45 day payment o	ed within 15 days	nin 20 days % PPD; Payment issued within ayments (<u>G.L. c. 29, § 23A);</u> only initial	
BRIEF DESCRIPTION OF CONTRACT PERFORMAN the municipalities of the Commonwealth. The award an identified in the annually published COA Formula Gran report accounting for how these grant funds were applied	nount is determined by a censu LGuide. The activity performan ad. Ongoing eligibility for formu	us-based allocation of available grant funding. Fun ace period for this award is 7/1/2016 + 6/30/2015 ala grant funding is contingent on satisfactory prior	ds may support Council on Aging activities as the municipality will complete a final fiscal year performance.	
ANTICIPATED START DATE: (Complete ONE optic _1. may be incurred as of the Effective Date (latest _2. may be incurred as of	signature date below) and <u>no ca</u> ATER than the <u>Effective Date</u> belonged to the <u>Effective Date</u> belonged to the Effective Date Belonged to the Effective	obligations have been incurred <u>prior</u> to the <u>Effective</u> elow and <u>no</u> obligations have been incurred <u>prior</u> ow, and the partles agree that payments for any ob ursement payments, and that the details and circu	<u>e Date.</u> to the <u>Effective Date.</u> ligations incurred prior to the <u>Effective</u> mstances of all obligations under this	
CONTRACT END DATE: Contract performance shall amended, provided that the terms of this Contract ar for completing any negotiated terms and warranties, transmitteness.	terminate as of <u>June 30th, 3</u> nd performance expectations a	2018 with no new obligations being incurred after and obligations shall survive its termination for the	this date unless the Contract is properly e purpose of resolving any claim or dispute,	
CERTIFICATIONS: Notwithstanding verbal or other Amendment has been executed by an authorized sig approvals. The Contractor makes all certifications of penalties of perjury, agrees to provide any required cousiness in Massachusetts are attached or incorpora Conditions, this Standard Contract Form Including the additional negotiated terms, provided that additional negotiated the process outlined in 801 CMR 21.07, incorporated AUTHORIZING SIGNATURE FOR THE CONTRACT	matory of the Contractor, the E equired under the attached <u>C</u> locumentation upon request to ted by reference herein accord te instructions and Contractor nal negotiated terms will take p herein, provided that any ame <u>COR:</u>	Department, or a later Contract or Amendment State ontractor Certifications (Incorporated by reference support compliance, and agrees that all terms going to the following hierarchy of document precede Certifications, the Request for Response (RFR) or precedence over the relevant terms in the RFR anded RFR or Response terms result in best value, AUTHORIZING SIGNATURE FOR THE X:	and Date specified above, subject to any required the first and the second and th	
(Signature and Date Must Be Handwritten At Time Print Name: Anthony Macir Print Title: Acting Tan Man	of Signature)	(Signature and Date Must Be Handwrift Print Name: Print Title:	en At Title of Signature)	

(Updated 1/4/2018) Page 1

1/1/20

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TOWN OF HANSON Legal Address: (W-9, W-4,T&C):	
I enal Address: (W-9, W-4,T&C):	MMARS Department Code: ELD
542 LIBERTY ST HANSON MA 02341-1627	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
Contract Manager: Mary Collins	Billing Address (if different):
E-Mail: mcollins@HANSON-MA.gov	Contract Manager: Stacey O'Connell
Phone: 781-924-1913 Fax:	E-Mail: Stacey,O'Connell@MassMail.state.ma.us
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 1 8	<u>Phone</u> :1-617-222-7419 Fax: 1-617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD <u>001</u> .	MMARS Doc ID(s): FY18COAHanson000000
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 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.)
<u>Department Procurement (includes State or Federal grants 815 CMR 2.00)</u> (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
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The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been exect X Commonwealth Terms and Conditions Commonwealth Terms and C	ated, filed with CTR and is incorporated by reference into this Contract. onditions For Human and Social Services.
in the state accounting system by sufficient appropriations or other non-appropriated func Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations X Maximum Obligation Contract. Enter Total Maximum Obligation for total duration of	s, conditions or terms and any changes if rates or terms are being amended.) this Contract (or <i>new</i> Total if Contract is being amended). \$17,390.38
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, If PPD percentages are left blank, identify reason: X agree to stand payment (subsequent payments scheduled to support standard EFT 45 day payment cycle	h <u>EFT</u> 45 days from invoice receipt. Contractors requesting accelerated payments must ithin 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within ard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial . See Prompt Pay Discounts Policy.)
paymont (subsequent payments conducted to capport standard mr. 1 to day paymont system	
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 processes the contraction of the contraction	NT: This contract is to locally distribute a formula grant award to the Councils on Aging of a sed allocation of available grant funding. Fundernay support Council on Aging activities as eriod for this award is 7/1/2016 2 6/30/2013 the municipality will complete a final fiscal
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BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDME the municipalities of the Commonwealth. The award amount is determined by a census-bid identified 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 Guide START DATE: (Complete ONE option only) The Department and Contractions of the Contraction	NT: This contract is to locally distribute a formula grant award to the Councils on Aging of ased allocation of available grant funding. Funding a support Council on Aging activities as eriod for this award is 7/1/2016 6 6/30/2016 the municipality will complete a final fiscal ant funding is contingent on satisfactory prior year performance. Actor certify for this Contract, or Contract Amendment, that Contract obligations:
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDME the municipalities of the Commonwealth. The award amount is determined by a census-be identified 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 Guide. ANTICIPATED START DATE: (Complete ONE option only) The Department and Contraction of the Effective Date (latest signature date below) and no obligation. 2. may be incurred as of, 20, a date LATER than the Effective Date below.	NT: This contract is to locally distribute a formula grant award to the Councils on Aging of ased allocation of available grant funding. Fundamay support Council on Aging activities as eriod for this award is 7/1/2016 6 6/30/2016 the municipality will complete a final fiscal ant funding is contingent on satisfactory prior year performance. actor certify for this Contract, or Contract Amendment, that Contract obligations: ations have been incurred prior to the Effective Date. and no obligations have been incurred prior to the Effective Date.
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDME the municipalities of the Commonwealth. The award amount is determined by a census-be identified 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 Guide. ANTICIPATED START DATE: (Complete ONE option only) The Department and Contraction of the Effective Date (latest signature date below) and no obligation of the Effective Date below, a date LATER than the Effective Date below, a Date are authorized to be made either as settlement payments or as authorized reimburse	NT: This contract is to locally distribute a formula grant award to the Councils on Aging of ased allocation of available grant funding. Fundamay support Council on Aging activities as eriod for this award is 7/1/2016 6/20/2016 the municipality will complete a final fiscal ant funding is contingent on satisfactory prior year performance. actor certify for this Contract, or Contract Amendment, that Contract obligations: ations have been incurred prior to the Effective Date. 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 ment payments, and that the details and circumstances of all obligations under this
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDME the municipalities of the Commonwealth. The award amount is determined by a census-be identified 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 Fig. (Complete ONE option only) The Department and Contract. 1. may be incurred as of the Effective Date (latest signature date below) and no obligation of the contract as of the contract as of the contract as of the contract are authorized to be made either as settlement payments or as authorized reimburse Contract are attached and incorporated into this Contract. Acceptance of payments forever CONTRACT END DATE: Contract performance shall terminate as of the contract and performance expectations and of the completing any negotiated terms and warranties, to allow any close out or transition amendments.	NT: This contract is to locally distribute a formula grant award to the Councils on Aging of ased allocation of available grant funding. Funding a support Council on Aging activities as eriod for this award is 7/1/2016 6 6/30/2016 the municipality will complete a final fiscal ant funding is contingent on satisfactory prior year performance. Actor certify for this Contract, or Contract Amendment, that Contract obligations: attions have been incurred prior to the Effective Date. 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 ment payments, and that the details and circumstances of all obligations under this releases the Commonwealth from further claims related to these obligations. with no new obligations being incurred after this date unless the Contract is properly obligations shall survive its termination for the purpose of resolving any claim or dispute,

(Updated 1/4/2018) Page 1

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CONTRACTOR LEGAL NAME: TOWN OF HARDWICK			
		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
<u>Legal Address:</u> (W-9, W-4,T&C): PO BOX 575 GILBERTVILLE MA 01031-0575		Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Lorraine Leno		Billing Address (if different):	
E-Mail: assistant@townofhardwick.us		Contract Manager: Stacey O'Connell	
Phone: 781-293-2683	Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 1 9		Phone:1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.		MMARS Doc ID(s): FY18COAHardwick00000	
Note: The Address Id Must be set up for <u>EFT</u> paymer	ıts.)	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 (Altach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget)	
Contract Employee (Attach Employment Status Form, X Leqislative/Legal or Other: (Attach authorizing lar scope and budget	nguage/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)	
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in the state accounting system by sufficient appropriati Rate Contract (No Maximum Obligation. Attach de	ons or other non-appropriated fu etails of all rates, units, calculatio	thorized 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. 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). \$5,665.00	
identify a PPD as follows: Payment issued within 10 d	ays % PPD; Payment issued identify reason; X agree to star	igh <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 adard 45 day cycle statutory/legal or Ready Payments (<u>G.L. c. 29, § 23A</u>); only initial the See <u>Prompt Pay Discounts Policy</u> .)	
the municipalities of the Commonwealth. The award an	nount is determined by a census-	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 7/1/2017 6/30/2018. The municipality will complete a final fiscal grant funding is contingent on satisfactory prior year performance.	
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report accounting for how these grant funds were applie	d. Ongoing eligibility for formula n only) The Department and Con	grant funding is contingent on satisfactory prior year performance. tractor certify for this Contract, or Contract Amendment, that Contract obligations:	
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report accounting for how these grant funds were applie ANTICIPATED START DATE: (Complete ONE option 1. may be incurred as of the Effective Date (latest second page of the Effective Date). A date LA Late of Late	d. Ongoing eligibility for formula nonly) The Department and Conignature date below) and no oblicted than the Effective Date below, ments or as authorized reimburs. Acceptance of payments foresterminate as of June 30th, 20th performance expectations and	grant funding is contingent on satisfactory prior year performance. tractor certify for this Contract, or Contract Amendment, that Contract obligations: gations have been incurred <u>prior</u> to the <u>Effective Date</u> . w and <u>no</u> obligations 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> ement payments, and that the details and circumstances of all obligations under this	

(Updated 1/4/2018) Page 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/osc under Guidance For Vendors - Forms or www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/osc under Guidance For Vendors

FOWN OF HARVARD	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD
<u>Legal Address:</u> (W-9, W-4,T&C): I3 AYER RD HARVARD MA 01451-1461	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
Contract Manager: Debbie Thompson	Billing Address (if different):
E-Mail: coa@harvard.ma.us	Contract Manager: Stacey O'Connell
Phone: 413-477-6707 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 2 1	Phone:1-617-222-7419 Fax: 1-617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COAHarvard000000
Note: The Address Id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award
	onditions For Human and Social Services. norized performance accepted in accordance with the terms of this Contract will be supported is, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. s, conditions or terms and any changes if rates or terms are being amended.)
identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued w 30 days % PPD. If PPD percentages are left blank, identify reason: X agree to stand	h <u>EFT</u> 45 days from invoice receipt. Contractors requesting accelerated payments must ithin 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within ard 45 day cycle statutory/legal or Ready Payments (<u>G.L. c. 29, § 23A</u>); only initial
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued throug identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued w 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 BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDME	h EFT 45 days from invoice receipt. Contractors requesting accelerated payments must ithin 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within ard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial see Prompt Pay Discounts Policy.) NT: This contract is to locally distribute a formula grant award to the Councils on Aging of ased allocation of available grant funding. Fundamiay support Council on Aging activities as eriod for this award is 7/1/20167—6/30/2015. The municipality will complete a final fiscal
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(Undated 1/4/2018) Page 1

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CONTRACTOR LEGAL NAME:		COMMONWEALTH DEPARTMENT NAME:	Executive Office of Elder Affairs	
TOWN OF HARWICH		MMARS Department Code: ELD		
<u>Legal Address:</u> (W-9, W-4,T&C): 732 MAIN ST HARWICH MA 02645-2717		Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108		
Contract Manager: Judi Wilson		Billing Address (if different):		
E-Mail: jwilson@town.harwich.ma.us		Contract Manager: Stacey O'Connell	Contract Manager: Stacey O'Connell	
Phone: 978-456-4120	Fax:	E-Mail: Stacey.O'Connell@MassMail.state.	.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 2 2		Phone:1-617-222-7419	Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.		MMARS Doc ID(s): FY18COAHarwic	MMARS Doc ID(s): FY18COAHarwich000000	
Note: The Address Id Must be set up for <u>EFT</u> payments.)		RFR/Procurement or Other ID Number: Gra	RFR/Procurement or Other ID Number: Grant Award	
X NEW 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 Legislative/Legal or Other: (Attach authorizing lascope and budget The following COMMONWEALTH TERMS AND COX Commonwealth Terms and Conditions COMPENSATION: (Check ONE option): The Departring the state accounting system by sufficient appropriating the State accounting Commonwealth Terms and Conditions Rate Contract (No Maximum Obligation Attach of X Maximum Obligation Contract Enter Total Maximum PROMPT PAYMENT DISCOUNTS (PPD): Commonwidentify a PPD as follows: Payment issued within 10 of the State State of State On State Of State Of State On State Of State	artment) idget) grants 815 CMR 2.00) iorting documentation) icy, scope, budget) , scope, budget) nguage/justification, ONDITIONS (T&C) has been exeCommonwealth Terms and ment certifies that payments for artions or other non-appropriated ful letails of all rates, units, calculation mum Obligation for total duration vealth payments are issued thro	Enter Current Contract End Date Prior to Ar Enter Amendment Amount: \$	or "no change") Inly. Attach details of Amendment changes.) Inly. Attach details of Amendment changes.) Indated scope and budget) Indated scope and budget) Incope or budget) Ing language/justification and updated scope Ing language/justification and updated scope In the terms of this Contract. In the terms of this Contract will be supported debts under 815 CMR 9.00. In terms are being amended.) In terms are being amended.) In the terms of this Contract will be supported debts under 815 CMR 9.00. In terms are being amended.)	
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ANTICIPATED START DATE: (Complete ONE option				
1. may be incurred as of the Effective Date (latest = 2. may be incurred as of, 20, a date LA 3. were incurred as of, 2017, a date PI	TER than the Effective Date below RIOR to the Effective Date below yments or as authorized reimburs ct. Acceptance of payments fore terminate as of June 30th, 20 d performance expectations and	ow and <u>no</u> obligations have been incurred <u>prior</u> to and the parties agree that payments for any oblig sement payments, and that the details and circum wer releases the Commonwealth from further clain 18 with no new obligations being incurred after the dobligations shall survive its termination for the	o the Effective Date. pations incurred prior to the Effective istances of all obligations under this ns related to these obligations. is date unless the Contract is properly purpose of resolving any claim or dispute,	
CERTIFICATIONS: Notwithstanding verbal or other ramendment has been executed by an authorized sig approvals. The Contractor makes all certifications repenalties of perjury, agrees to provide any required discincing the process in Massachusetts are attached or incorporated Conditions, this Standard Contract Form including the and additional negotiated terms, provided that addition the process outlined in 801 CMR 21.07, incorporated AUTHORIZING STATTURE FOR THE CONTRACT X: (Signature and Date Must Be Handwritten At Time Print Name: Christopher Clark Print Title: Town Administrator	natory of the Contractor, the Dependent under the attached Concumentation upon request to steed by reference herein according e Instructions and Contractor Concumentation upon request to steed by reference herein according e Instructions and Contractor Concumentation and Ingotiated terms will take preherein, provided that any amend OR: Date: 1-29-18 of Signature)	partment, or a later Contract or Amendment Start tractor Certifications (incorporated by reference ipport compliance, and agrees that all terms gow to the following hierarchy of document preceder ertifications, the Request for Response (RFR) or cedence over the relevant terms in the RFR and	t Date specified above, subject to any required if not attached hereto) under the pains and erning performance of this Contract and doing noe, the applicable Commonwealth Terms and other solicitation, the Contractor's Response, the Contractor's Response only if made using ower costs, or a more cost effective Contract.	

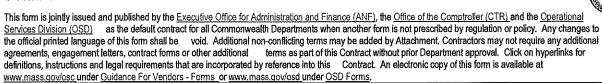
*/

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CONTRACTOR LEGAL NAME: FOWN OF HATFIELD		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	
9 MAIN ST HATFIELD MA 01038-9702 Contract Manager: Jane Betsold		Billing Address (if different):	
E-Mail: betsold@townofhatfield.org		Contract Manager: Stacey O'Connell	
Phone: 508-430-7550 Fax:	+	E-Mail: Stacey.O'Connell@MassMail.state.	ma lie
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 2 3		Phone:1-617-222-7419	Fax: 1-617-727-9368
/endor Code Address ID (e.g. "AD001"): AD001.		MMARS Doc ID(s): FY18COAHatfiel	L
Note: The Address Id Must be set up for EFT payments.)		RFR/Procurement or Other ID Number: Gran	
X NEW CONTRACT			AMENDMENT
PROCUREMENT OR EXCEPTION TYPE: (Check one option only)		Enter Current Contract End Date <i>Prior</i> to Am	
Statewide Contract (OSD or an OSD-designated Department)		Enter Amendment Amount: \$ (c	
Collective Purchase (Attach OSD approval, scope, budget)		AMENDMENT TYPE: (Check one option onl	
<u>Department Procurement (includes State or Federal grants 815 CMR 2.00</u> (Attach RFR and Response or other procurement supporting documentation		Amendment to Scope or Budget (Attach upo	
Emergency Contract (Attach justification for emergency, scope, budget)	"	Interim Contract (Attach justification for Interin	m Contract and updated scope/budget)
Contract Employee (Attach Employment Status Form, scope, budget)		Contract Employee (Attach any updates to so	
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget		<u>Legislative/Legal or Other:</u> (Attach authorizing and budget)	g language/justification and updated scope
The following COMMONWEALTH TERMS AND CONDITIONS (T&C) ha			eference into this Contract.
X Commonwealth Terms and Conditions Commonwealth	Terms and Co	onditions For Human and Social Services.	
COMPENSATION: (Check ONE option): The Department certifies that pay	ments for auth	orized performance accepted in accordance wit	h the terms of this Contract will be supported
in the state accounting system by sufficient appropriations or other non-app	propriated funds	s, subject to intercept for Commonwealth owed	debts under 815 CMR 9.00.
Rate Contract (No Maximum Obligation. Attach details of all rates, unit X Maximum Obligation Contract Enter Total Maximum Obligation for to	ts, calculations, stal duration of t	, conditions or terms and any changes if rates or this Contract for new Total if Contract is being a	r terms are being amended.) mended) \$8.496.81
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are identify a PPD as follows: Payment issued within 10 days % PPD; Payn			
30 days % PPD. If PPD percentages are left blank, identify reason: X a	agree to standa	ard 45 day cycle statutory/legal or Ready Payi	ments (G.L. c. 29, § 23A); only initial
payment (subsequent payments scheduled to support standard EFT 45 day			
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOI the municipalities of the Commonwealth. The award amount is determined by	R AMENDMEN	NT: This contract is to locally distribute a formula	a grant award to the Councils on Aging of
identified in the annually published COA Formula Grant Guide. The activity i			
report accounting for how these grant funds were applied. Ongoing eligibility			
ANTICIPATED START DATE: (Complete ONE option only) The Department	ent and Contra	ctor certify for this Contract, or Contract Amend	ment, that Contract obligations:
1. may be incurred as of the Effective Date (latest signature date below)	and <u>no</u> obligat	tions have been incurred <u>prior</u> to the <u>Effective [</u>	Date.
2. may be incurred as of, 20, a date LATER than the Effective			
X_3, were incurred as of <u>July 1st</u> , 2017, a date PRIOR to the <u>Effective</u> <u>Date</u> are authorized to be made either as settlement payments or as authorized.	<u>Date</u> below, ar zed reimbursen	nd the parties agree that payments for any oblig- ment navments, and that the details and circums	ations incurred prior to the <u>Effective</u>
Contract are attached and incorporated into this Contract. Acceptance of par	yments forever	releases the Commonwealth from further claim	s related to these obligations.
CONTRACT END DATE: Contract performance shall terminate as of Jul	ne 30th, 2018	with no new obligations being incurred after thi	is date unless the Contract is properly
amended, provided that the terms of this Contract and performance expe- for completing any negotiated terms and warranties, to allow any close out			
amendments.		serioritation, roporating, arrestoring or initial payme	site, or daining any tapao bottoon
CERTIFICATIONS: Notwithstanding verbal or other representations by the	e parties, the "	"Effective Date" of this Contract or Amendmer	nt shall be the latest date that this Contract or
Amendment has been executed by an authorized signatory of the Contract			
approvals. The Contractor makes all certifications required under the at penalties of perjury, agrees to provide any required documentation upon re	rached <u>Contrai</u>	ctor Cerutications (incorporated by reterence to the compliance and agrees that all terms govern	if not attached hereto) under the pains and
business in Massachusetts are attached or incorporated by reference here			
Conditions, this Standard Contract Form including the Instructions and Co			
and additional negotiated terms, provided that additional negotiated terms the process outlined in <u>801 CMR 21.07</u> , incorporated herein, provided that	wiii take precet Lanv amended	RFR or Response terms result in best value, lo	wer costs, or a more cost effective Contract.
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	ı.	AUTHORIZING SIGNATURE FOR THE CO	
x////ALUMI MAMMININI DU 1/0/2	AIC	Leave long	N . 9 1-18
X: / // // Date: / // // // // // Date: / / // // // // // // // // // // // /	M 0	X: Signature and Date Must Be Handwritten	At Time of Signature)
Print Name: MWILLE VWCLONSKIP.		Print Name: REGAY (0	- 10 00 01 /
Print Title: TOWN ACTUALINISTY atoV.		Print Title: Ft 110G	
	4		

(Updated 1/4/2018) Page 1

J.



<u>CONTRACTOR LEGAL NAME</u> : CITY OF HAVERHILL	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD
<u>Legal Address:</u> (W-9, W-4,T&C) : 4 SUMMER ST HAVERHILL MA 01830-5836	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
Contract Manager: Vincent Ouellette	Billing Address (if different):
E-Mail: vo@cityofhaverhill.com	Contract Manager: Stacey O'Connell
Phone: 413-247-9003 Fax:	E-Mail: Stacey,O'Connell@MassMail.state.ma.us
Contractor Vendor Code: V C 6 0 0 0 1 9 2 1 0 1	<u>Phone</u> :1-617-222-7419
Vendor Code Address (D. (e.g. "AD001"): AD <u>001</u> .	MMARS Doc ID(s); FY18COAHaverhill0000
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 <u>815 CMR 2.00)</u> (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 \$cope 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 Conditions	suted, 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 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 throu identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 1	is, conditions or terms and any changes if rates or terms are being amended.) If this Contract (or new Total if Contract is being amended), \$103,014,00 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
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 cycles percentages or REASON FOR AMENDM.	dard 45 day cycle statutory/legal or Ready Payments (<u>G.L. c. 29, § 23A</u>); only initial e. See <u>Prompt Pay Discounts Policy.</u>) ENT: 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-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 grant funds were applied.	pased allocation of available grant funding. Supplismay support Council on Aging activities as period for this award is 7/1/2016 - 6/30/2019/10-municipality will complete a final fiscal
ANTICIPATED START DATE: (Complete ONE option only) The Department and Control	ractor 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> oblig2. may be incurred as of20, a date LATER than the <u>Effective Date</u> below,	w and <u>no</u> obligations 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> ement payments, and that the details and circumstances of all obligations under this
<u>CONTRACT END DATE</u> : Contract performance shall terminate as of <u>June 30th. 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.	obligations shall survive its termination for the purpose of resolving any claim or dispute,
Amendment has been executed by an authorized signatory of the Contractor, the Deprapprovals. The Contractor makes all certifications required under the attached <u>Contractor</u> penalties of perjury, agrees to provide any required documentation upon request to supbusiness in Massachusetts are attached or incorporated by reference herein according <u>Conditions</u> , this Standard Contract Form including the Instructions and Contractor Cerand additional negotiated terms, provided that additional negotiated terms will take precipilities.	"Effective Date" of this Contract or Amendment shall be the latest date that this Contract or artment, or a later Contract or Amendment Start Date specified above, subject to any required ractor Certifications (incorporated by reference if not attached hereto) under the pains and oport 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 trifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, redence over the relevant terms in the RFR and the Contractor's Response only if made using d 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 Al Time of Signature) Print Name: Print Title:

XV



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 HAWLEY	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
8 PUDDING HOLLOW RD HAWLEY MA 01339-9621	
Contract Manager: Ann Falwell	Billing Address (if different):
E-Mail:	Contract Manager: Stacey O'Connell
<u>Phone</u> : 978-374-2388 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us
Contractor Vendor Code: VC6000191824	<u>Phone</u> :1-617-222-7419 Fax: 1-617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COAHawley0000000
Note: The Address id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award
	d Conditions For Human and Social Services. authorized performance accepted in accordance with the terms of this Contract will be supported
Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculat X Maximum Obligation Contract Enter Total Maximum Obligation for total duration PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued the 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	ions, conditions or terms and any changes if rates or terms are being amended.) n of this Contract (or new Total if Contract is being amended). \$5,000.00 rough <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 (G.L. c. 29, § 23A); only initial
the municipalities of the Commonwealth. The award amount is determined by a censu	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
<u>Date</u> are authorized to be made either as settlement payments or as authorized reimbu Contract are attached and incorporated into this Contract. Acceptance of payments for	oligations have been incurred <u>prior</u> to the <u>Effective Date</u> . All the <u>Effective Date</u> . All the parties agree that payments for any obligations incurred prior to the <u>Effective</u> or
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 transiti amendments.	nd obligations shall survive its termination for the purpose of resolving any claim or dispute,
Amendment has been executed by an authorized signatory of the Contractor, the De approvals. The Contractor makes all certifications required under the attached Copenalties of perjury, agrees to provide any required documentation upon request to subsiness in Massachusetts are attached or incorporated by reference herein according Conditions, this Standard Contract Form including the Instructions and Contractor Conditional negotiated terms, provided that additional negotiated terms will take provided that additional negotiated terms.	the "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 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 go 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, 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: Date: Date: (Signature and Date) Must Be Handwritten At Time of Signature)
Print Name: Hussa IN A. Hamoan. Print Title: SELECT BONRO CHATAM AN.	Print Name: CONVCO.Y Print Title: CONVCO.Y

(Updated 1/4/2018) Page 1

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rational changes to

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www.mass.gov/osc under Guidance For Vendors	- Forms or www.mass.gov/c	<u>//osa under OSD Forms.</u>	
CONTRACTOR LEGAL NAME: TOWN OF HEATH		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
<u>Legai Address</u> : (W-9, W-4,T&C): 1 E MAIN ST HEATH MA 01346-9706	***************************************	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Margo Newton		Billing Address (if different):	
E-Mail: bos@townofheath.org		Contract Manager: Stacey O'Connell	
Phone: 413-339-5729 Fax:		E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 2 5		Phone:1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.		MMARS Doc ID(s): FY18COAHeath0000000	
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 out	ion only)	CONTRACT AMENDMENT Enter Current Contract End Date Brights Amendment	
PROCUREMENT OR EXCEPTION TYPE: (Check one option only) 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")	
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		Amendment to Scope or Budget (Attach updated scope and budget)	
(Attach RFR and Response or other procurement supporting Emergency Contract (Attach justification for emergency, so		Interim Contract (Attach justification for Interim Contract and updated scope/budget)	
Contract Employee (Attach Employment Status Form, scop X Legislative/Legal or Other: (Attach authorizing language scope and budget	oe, budget)	Contract Employee (Attach any updates to scope or budget) Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)	
		ecuted, 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 of Rate Contract (No Maximum Obligation. Attach details X Maximum Obligation Contract Enter Total Maximum	or other non-appropriated fund of all rates, units, calculation Obligation for total duration of	nuthorized 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. 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). \$4,654.38	
identify a PPD as follows: Payment issued within 10 days	% PPD; Payment issued wify reason: X agree to stand	ough EFT 45 days from invoice receipt. Contractors requesting accelerated payments must 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 ricke, See Prompt Pay Discounts Policy.)	
the municipalities of the Commonwealth. The award amount identified in the annually published COA Formula Grant Guid	t is determined by a census-b le. The activity performance p	MENT: This contract is to locally distribute a formula grant award to the Councils on Aging of based allocation of available grant funding. Funds play support Council on Aging activities as e period for this award is 7/1/2010 – 6/30/20 Fire municipality will complete a final fiscal grant funding is contingent on satisfactory prior year performance.	
	*'	ntractor certify for this Contract, or Contract Amendment, that Contract obligations:	
1. may be incurred as of the Effective Date (latest signated)		· · · · · · · · · · · · · · · · · · ·	
X 3. were incurred as of July 1st, 2017, a date PRIOR Date are authorized to be made either as settlement paymen Contract are attached and incorporated into this Contract. Ac	to the <u>Effective Date</u> below, a nts or as authorized reimburse cceptance of payments foreve	ow and <u>no</u> obligations have been incurred <u>prior</u> to the <u>Effective Date</u> . I, and the parties agree that payments for any obligations incurred prior to the <u>Effective</u> rement 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 termi amended, provided that the terms of this Contract and per for completing any negotiated terms and warranties, to allow amendments.	inate as of <u>June 30th, 201</u> rformance expectations and w any close out or transition	118 with no new obligations being incurred after this date unless the Contract is properly d 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 signator approvals. The Contractor makes all certifications require penalties of perjury, agrees to provide any required docum business in Massachusetts are attached or incorporated by Conditions, this Standard Contract Form including the Ins and additional negotiated terms, provided that additional nethe process outlined in 801 CMR 21.07, incorporated herei AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	ny of the Contractor, the Depart of the Contractor, the Depart of the Attached Contractor of the Contractor Ceres of the Contr	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 ntractor 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 retrifications, 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: (Signature and Date Must Be Handwartten ALTime of Signature) Print Name: Print Titte:	
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www.mass.gowosc under Guidance i or ver	GOID TOTTIO OF WWW.maso.go	11001 0001 000		
CONTRACTOR LEGAL NAME; FOWN OF HINGHAM		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4,T&C): 210 CENTRAL ST HINGHAM MA 02043-2756		Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108		
Contract Manager: Barbara Farnsworth		Billing Address (if different):		
E-Mail: farnsworthb@hingham-ma.com		Contract Manager: Stacey O'Connell		
Phone: 413-337-4934	Fax:	E-Mail: Stacey.O'Connell@MassMail.sta	te.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 2 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): FY18COAHingham000000		
Note: The Address Id Must be set up for <u>EFT</u> payments.)		RFR/Procurement or Other ID Number: G	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 816 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 X Commonwealth Terms and Conditions Commonwealth Terms and		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.		
COMPENSATION: (Check ONE option): The Department the state accounting system by sufficient appropriation. Attach do a Maximum Obligation. Attach do a Maximum Obligation Contract Enter Total Maximum PROMPT PAYMENT DISCOUNTS (PPD): Commonwidentify a PPD as follows: Payment issued within 10 d 30 days % PPD. If PPD percentages are left blank, if payment (subsequent payments scheduled to support st	ent certifies that payments for a cons or other non-appropriated fustails of all rates, units, calculation um Obligation for total duration ealth payments are issued throays % PPD; Payment issued dentify reason: X agree to sta	uthorized performance accepted in accordance unds, subject to intercept for Commonwealth owe ons, conditions or terms and any changes if rates of this Contract (or new Total if Contract is being ough <u>EFT 45</u> days from invoice receipt. Contra within 15 days % PPD; Payment issued with andard 45 day cycle statutory/legal or Ready P	ed debts under 815 CMR 9.00, s or terms are being amended.) g amended). \$55,630.00 ctors requesting accelerated payments must thin 20 days % PPD; Payment issued within	
BRIEF DESCRIPTION OF CONTRACT PERFORMAN the municipalities of the Commonwealth. The award am identified in the annually published COA Formula Grant	CE or REASON FOR AMENDA ount is determined by a census Guide. The activity performance	MENT: This contract is to locally distribute a form -based allocation of available grant funding. Ful e period for this award is 7/1/2016 6/30/20	nd may support Council on Aging activities as the municipality will complete a final fiscal	
eport accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on salisfactory 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 reamondment 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 additional negotiated terms, provided that addition the process outlined in 801 CMR 21.07, incorporated to AUTHORIZING SIGNATURE FOR THE CONTRACTOR. X: (Signature and Date Mest Be Handwritten At Time of Print Name: 1997 1997 1997 1997 1997 1997 1997 199	atory of the Contractor, the Dequired under the attached <u>Cor</u> cumentation upon request to sid by reference herein according Instructions and Contractor Cal negotiated terms will take prenerein, provided that any amencosts: Date:	partment, or a later Contract or Amendment Statestand Contractor Certifications (incorporated by reference upport compliance, and agrees that all terms go to the following hierarchy of document precedertifications, the Request for Response (RFR) excedence over the relevant terms in the RFR and LICENTRY RESPONSE TERMS OF THE X: (Signature and Date Must Be Handwritt)	art Date specified above, subject to any required the if not attached hereto) under the pains and overning performance of this Contract and doing ence, the applicable <u>Commonwealth Terms and or other solicitation</u> , the Contractor's Response, and the Contractor's Response only if made using lower costs, or a more cost effective Contract. COMMONWEALTH:	

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CONTRACTOR LEGAL NAME:	1
TOWN OF HOLBROOK	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD
<u>Legal Address</u> : (W-9, W-4, T&C): 50 N FRANKLIN ST HOLBROOK MA 02343-1560	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
Contract Manager: Cindy Brennan	Billing Address (if different):
E-Mail: coa@holbrookmassachusetts.us	Contract Manager: Stacey O'Connell
<u>Phone</u> : 413-655-2310 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 3 0	Phone:1-617-222-7419 Fax: 1-617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COAHolbrook00000
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 exect X 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)
Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations. X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued throug identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued wi 30 days % PPD. If PPD percentages are left blank, identify reason: X agree to standard payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or PEASON FOR AMENDAME.	, conditions or terms and any changes if rates or terms are being amended,) this Contract (or new Total if Contract is being amended). \$20,916,59 h EFT 45 days from invoice receipt. Contractors requesting accelerated payments must thin 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within and 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial See Prompt Pay Discounts Policy.)
identified in the annually published COA Formula Grant Guide. The activity performance pareport accounting for how these grant funds were applied. Ongoing eligibility for formula grant Guide. The Department and Contra ANTICIPATED START DATE: (Complete ONE option only) The Department and Contra 1. may be incurred as of the Effective Date (latest signature date below) and no obligating 2. may be incurred as of	sed allocation of available grant funding. Funds may support Council on Aging activities as eriod for this award is 7/1/2016—6/30/20 — The municipality will complete a final fiscal ant funding is conlingent on satisfactory prior year performance. ctor certify for this Contract, or Contract Amendment, that Contract obligations: tions have been incurred prior to the Effective Date. and no obligations have been incurred prior to the Effective Date, at the parties agree that payments for any obligations incurred prior to the Effective ment payments, and that the details and circumstances of all obligations under this releases the Commonwealth from further claims are released to the commonwealth from further claims are released to the commonwealth from further claims are released to the commonwealth for the commonwealth for the commonwealth for the commonwealth for the commonwealth further claims are released to the commonwealth further claims are released to the commonwealth for the commonwealth for the commonwealth further claims are released to the commonwealth fu
vvniravi end daje: Coniaci genomance spalitominato se of Huno 20th 20to .	with no new obligations being incurred after this date unless the Contract is properly
approvals. The Contractor makes all certifications required under the attached Contractor penalties of perjury, agrees to provide any required documentation upon request to provide any required documentation upon request to usiness in Massachusetts are attached or incorporated by reference herein according to Conditions, this Standard Contract Form including the Instructions and Contractor Contractor.	Effective Date" of this Contract or Amendment shall be the latest date that this Contract or ment, or a later Contract or Amendment Start Date specified above, subject to any required tor Certifications (incorporated by reference if not attached hereto) under the pains and ort compliance, and agrees that all terms governing performance of this Contract and doing the following hierarchy of document precedence, the applicable Commonwealth Terms and cations, the Request for Response (RFR) or other solicitation, the Contractor's Response, ence over the relevant terms in the RFR and the Contractor's Response only if made using RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AVTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: Signature and Date Must Be Handwritten At Time of Signature) Print Name: Print Title:

(Updated 1/4/2018). Page 1

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CONTRACTOR LEGAL NAME: TOWN OF HOLLAND Legal Address: (W-9, W-4,T&C):				
Legal Address: (W-9, W-4,T&C):			COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
27 STURBRIDGE RD HOLLAND MA 01521-3150 Contract Manager: Chris Haller			Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Chris Haller	<u>,</u>	Billing Address (if different):	***************************************	
E-Mail: chrishaller@cox.net		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 8 3 3		Phone:1-617-222-7419	Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.		MMARS Doc ID(s): FY18COAHollan	MMARS Doc ID(s): FY18COAHolland000000	
Note: The Address Id Must be set up for <u>EFT</u> payments.)		RFR/Procurement or Other ID Number: Gra	nt 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 gr (Attach RFR and Response or other procurement support Emergency Contract (Attach justification for emergency Contract Employee (Attach Employment Status Form, X Legislative/Legal or Other: (Attach authorizing lar scope and budget The following COMMONWEALTH TERMS AND COI X Commonwealth Terms and Conditions COMPENSATION: (Check ONE option): The Department in the state accounting system by sufficient appropriation Rate Contract (No Maximum Obligation. Attach de X Maximum Obligation Contract Enter Total Maximum PROMPT PAYMENT DISCOUNTS (PPD): Commonwidentify a PPD as follows: Payment issued within 10 designation of the process of the state accounting system is the state accounting system by sufficient appropriation.	rtment) dget) rants 815 CMR 2.00) orting documentation) by, scope, budget) scope, budget) guage/justification, NDITIONS (T&C) has been executed the certifies that payments for au ons or other non-appropriated furstalls of all rates, units, calculation rum Obligation for total duration of sealth payments are issued througations.	Enter Current Contract End Date <u>Prior</u> to Am Enter Amendment Amount: \$	AMENDMENT nendment:, 20 or "no change") ly. 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. or terms are being amended.) amended). \$5,000.00 ors requesting accelerated payments must	
30 days % PPD. If PPD percent issued within to a payment (subsequent payments scheduled to support st BRIEF DESCRIPTION OF CONTRACT PERFORMANG the municipalities of the Commonwealth. The award am identified in the annually published COA Formula Grant report accounting for how these grant funds were applied.	dentify reason: X_agree to stan andard EFT 45 day payment cyc CE or REASON FOR AMENDM ount is determined by a census-i Guide. The activity performance	ndard 45 day cycle statutory/legal or Ready Payible. See Prompt Pay Discounts Policy.) ENT: This contract is to locally distribute a formation based allocation of available grant funding. Further period for this award is 7/1/2016 - 6/30/20	grant award to the Councils on Aging of sinay support Council on Aging activities as municipality will complete a final fiscal	
30 days % PPD. If PPD percentages are left blank, in payment (subsequent payments scheduled to support st BRIEF DESCRIPTION OF CONTRACT PERFORMANY the municipalities of the Commonwealth. The award am identified in the annually published COA Formula Grant.	dentify reason: X_agree to stan andard EFT 45 day payment cyc CE or REASON FOR AMENDM ount is determined by a census-l Guide. The activity performance d. Ongoing eligibility for formula of	ndard 45 day cycle statutory/legal or Ready Payible. See Prompt Pay Discounts Policy.) IENT: This contract is to locally distribute a formation based allocation of available grant funding. Further period for this award is 7/1/2016 - 6/30/20 20 11 in grant funding is contingent on satisfactory prior year.	grant award to the Councils on Aging of shay support Council on Aging activities as the municipality will complete a final fiscal par performance.	
30 days % PPD. If PPD percentages are left blank, is payment (subsequent payments scheduled to support st BRIEF DESCRIPTION OF CONTRACT PERFORMANG the municipalities of the Commonwealth. The award am identified in the annually published COA Formula Grant report accounting for how these grant funds were applied ANTICIPATED START DATE: (Complete ONE option1. may be incurred as of the Effective Date (latest signals).	dentify reason: X_agree to standard EFT 45 day payment cyc CE or REASON FOR AMENDM ount is determined by a census-i Guide. The activity performance d. Ongoing eligibility for formula goonly) The Department and Contignature date below) and no_oblig	ndard 45 day cycle statutory/legal or Ready Payrole. See Prompt Pay Discounts Policy.) [ENT: This contract is to locally distribute a format based allocation of available grant funding. Further period for this award is 7/1/2016 – 6/30/20 20 11 for grant funding is contingent on satisfactory prior yet tractor certify for this Contract, or Contract Amending ations have been incurred prior to the Effective I	grant award to the Councils on Aging of sinay support Council on Aging activities as the municipality will complete a final fiscal par performance. ment, that Contract obligations: Date	
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CONTRACTOR LEGAL NAME: TOWN OF HOLDEN	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs		
	MMARS Department Code: ELD		
<u>Legal Address:</u> (W-9, W-4,T&C): 1204 MAIN ST HOLDEN MA 01520-1016	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108		
Contract Manager: Louise Charbonneau	Billing Address (if different):		
E-Mail: louisec@holdenma.gov	Contract Manager: Stacey O'Connell		
Phone: 781-767-4617 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us		
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 3 1	Phone:1-617-222-7419 Fax: 1-617-727-9368		
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY 18 COAHolden 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		
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment:, 20		
Statewide Contract (OSD or an OSD-designated Department)	Enter Amendment Amount: \$, (or "no change")		
Collective Purchase (Attach OSD approval, scope, 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)		
<u>Contract Employee (Attach Employment Status Form,</u> scope, budget) <u>X_Legislative/Legal or Other</u> : (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 exe X Commonwealth Terms and ConditionsCommonwealth 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.) Maximum Obligation Contract. Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$34,765.00			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from involce 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 by 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 6/30/2018. 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 obl	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 and <u>no</u> obligations have been incurred <u>prior</u> to the <u>Effective Date</u> . X 3. were incurred as of, 21, 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 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:			
X: Signature and Date Must Be Handwritten At Time of Signature)	(Signature and Date Must Be Handwritten At Time of Signature)		
Print Name: <u>Feter Lukes</u> Print Title: <u>Town Manager</u>	(Signature and Date Must Be Handwritten At Time of Signature) Print Name: Print Title:		
rintine town Manager	rint line.		



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/osd under OSD Forms.

CONTRACTOR LEGAL NAME: TOWN OF HOLLISTON		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
<u>Legal Address</u> : (W-9, W-4,T&C): 703 WASHINGTON ST HOLLISTON MA 01746-2168		Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108		
Contract Manager: Linda Marshall		Billing Address	Billing Address (if different):	
E-Mail: marshalil@holliston.k12.ma.us		Contract Manag	er: Stacey O'Connell	
Phone: 413-245-3163	Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us		ma.us
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 3 4		Phone:1-617-22	2-7419	Fax: 1-617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD001.		MMARS Doc ID	(s): FY18COAHollist	on0000
Note: The Address ld Must be set up for <u>EFT</u> payme	nts.)	RFR/Procureme	nt or Other ID Number: Gra	nt 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 *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) uted, filed with CTR and is incorporated by reference into this Contract.		
	Commonwealth Terms and (Conditions For Huma	an and Social Services.	NOTES OF THE STATE
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9,00. Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$25,084,00			debts under 815 CMR 9.00. r terms are being amended.) rmended). \$ <u>25,084,00</u>	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT_45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD procentages 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.)			n 20 days	
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 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.		hay support Council on Aging activities as municipality will complete a final fiscal ar performance.		
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract ob		-		
			the Effective Date, ations incurred prior to the Effective stances of all obligations under this is related to these obligations. is date unless the Contract is properly surpose of resolving any claim or dispute	
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 Contra Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor 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 and Date Must Be Handwritten At Time of Signature) Print Name: Print Title: Print Title: Print Title: Print Title:		Date specified above, subject to any required if not attached hereto) under the pains and mining performance of this Contract and doing ce, the applicable Commonwealth Terms and other solicitation, the Contractor's Response, the Contractor's Response only if made using wer costs, or a more cost effective Contract. DMMONWEALTH:		

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.

CONTRACTOR LEGAL NAME:	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs		
CITY OF HOLYOKE	MMARS Department Code: ELD		
<u>Legal Address</u> : (W-9, W-4,T&C) : 536 DWIGHT ST HOLYOKE MA 01040-5019	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108		
Contract Manager: Navae Rodriguez	Billing Address (if different):		
E-Mail: rodriguezn@holyoke.org	Contract Manager: Stacey O'Connell		
<u>Phone</u> : 508-429-0622 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us		
Contractor Vendor Code: V C 6 0 0 0 1 9 2 1 0 2	Phone:1-617-222-7419 Fax: 1-617-727-9368		
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COAHolyoke000000		
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,	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)		
<u>x Legislative/Legal or Other</u> : (Attach authorizing language/justification, scope and budget	Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)		
The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been			
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). \$74,283.00			
X Maximum Obligation Contract Enter Total Maximum Obligation for total durated PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued tidentify a PPD as follows: Payment issued within 10 days % PPD; PAYment issued within 10	ion of this Contract (or new Total if Contract is being amended). \$74,283.00 hrough 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 standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial		
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X Maximum Obligation Contract Enter Total Maximum Obligation for total durated PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued to identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 10 days % PPD; Payment issued of the payment (subsequent payments scheduled to support standard EFT 45 day payment (subsequent payments scheduled to support standard EFT 45 day payment BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENTAL THE MAXIMUM PROPERTIES OF THE ASSOCIATION OF CONTRACT PERFORMANCE OF REASON FOR AMENTAL THE MAXIMUM PROPERTIES OF THE ASSOCIATION OF CONTRACT PERFORMANCE OF REASON FOR AMENTAL THE ASSOCIATION OF T	ion of this Contract (or new Total if Contract is being amended). \$74,283.00 hrough 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 standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial toycle. See Prompt Pay Discounts Policy.) IDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of sus-based allocation of available grant funding. Further any support Council on Aging activities as unce period for this award is 7/1/2016; 6/30/2018. The municipality will complete a final fiscal		
X Maximum Obligation Contract Enter Total Maximum Obligation for total durated PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued at 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 payment (subsequent payments scheduled to support standard EFT 45 day payment BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENTAL TOTAL TOT	hrough 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 standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial tocycle. See Prompt Pay Discounts Policy.) IDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of sus-based allocation of available grant funding. Fundamay support Council on Aging activities as unce period for this award is 7/1/20167-6/30/2018. The municipality will complete a final fiscal sula grant funding is contingent on satisfactory prior year performance. Contractor certify for this Contract, or Contract Amendment, that Contract obligations: obligations have been incurred prior to the Effective Date. below and no obligations have been incurred prior to the Effective Date. low, and the parties agree that payments for any obligations incurred prior to the Effective bursement payments, and that the details and circumstances of all obligations under this		
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(Updated 1/4/2018) Page 1

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CONTRACTOR LEGAL NAME:	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs		
TOWN OF HOPEDALE	MMARS Department Code: ELD		
<u>Legal Address</u> : (W-9, W-4,T&C): 78 HOPEDALE ST HOPEDALE MA 01747-1742	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108		
Contract Manager: Carole Mullen	Billing Address (if different):		
E-Mail: hopedalecoa@comcast.net	Contract Manager: Stacey O'Connell		
<u>Phone</u> : 413-322-5625 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us		
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 3 5	Phone:1-617-222-7419 Fax: 1-617-727-9368		
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COAHopedale00000		
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 auti in the state accounting system by sufficient appropriations or other non-appropriated fund Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations X. Maximum Obligation Contract Enter Total Maximum Obligation for total duration of PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through	conditions For Human and Social Services. 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. s, conditions or terms and any changes if rates or terms are being amended.) f this Contract (or new Total if Contract is being amended). \$10,864.00 the 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, 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. Funding by 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 7 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 Contr			
amendments.	positional of the payments of		
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor 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 usi 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 and Date Must Be Handwritten At Time of Signature) Print Name: Print Title: Date: Print Title: Print Title: Print Title: Print Title: 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 www mass gaylose under Guidance For Vendors. Forms, or www mass gaylosed under OSD Forms.

THE PROPERTY OF A PARTY OF A PART	TIGOLO - I OLILIO OL WWW.ILIGOO.	govosa urider Cop i offina,		
CONTRACTOR LEGAL NAME: TOWN OF HOPKINTON		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs		
		MMARS Department Code: ELD		
<u>Legal Address:</u> (W-9, W-4,T&C); 18 MAIN ST HOPKINTON MA 01748-3209		Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108		
Contract Manager; Cindy Chesmore		Billing Address (if different):		
E-Mail: cindyc@hopkintonma.gov		Contract Manager: Stacey O'Connell		
Phone: 508-634-2208	Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us		
Contractor Vendor Code: VC6000191836		Phone:1-617-222-7419 Fax: 1-617-727-9368		
Vendor Code Address ID (e.g. "AD001"): AD001.		MMARS Doc ID(s): FY18COAHopkinton0000		
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		
Statewide Contract (OSD or an OSD-designated Dep		Enter Current Contract End Date <u>Prior</u> to Amendment:, 20 Enter Amendment Amount: \$ (or "no change")		
Collective Purchase (Attach OSD approval, scope, bu	idget)	AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)		
Department Procurement (includes State or Federal (rants 815 CMR 2.00)	Amendment to Scope or Budget (Attach updated scope and budget)		
(Attach RFR and Response or other procurement supp <u>Emergency Contract</u> (Attach justification for emergen	orting documentation) icv. 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 la scope and budget	nguage/justification,	Legislative/Legal or Other: (Attach authorizing language/justification and updated scope		
	NOITIONS (T&C) has been	and budget) executed, filed with CTR and is incorporated by reference into this Contract.		
X Commonwealth Terms and Conditions		and Conditions For Human and Social Services.		
Rate Contract (No Maximum Obligation. Attach of X Maximum Obligation Contract Enter Total Maximum PROMPT PAYMENT DISCOUNTS (PPD): Commonwidentify a PPD as follows: Payment issued within 10 c	etails of all rates, units, calcul mum Obligation for total durati vealth payments are issued to lays % PPD; Payment issuidentify reason: X agree to	d funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. ations, conditions or terms and any changes if rates or terms are being amended.) ion of this Contract (or <i>new</i> Total if Contract is being amended). \$18,750.00 hrough 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 standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial a cycle. See Prompt Pay Discounts Policy.)		
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This 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 report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funds.		sus-based allocation of available grant funding. Funds may support Council on Aging activities as ince period for this award is 7/1/20167-6/30/2016. The municipality will complete a final fiscal ula grant funding is contingent on satisfactory prior year performance.		
		Contractor certify for this Contract, or Contract Amendment, that Contract obligations:		
		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, 2017, 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 Prior Contract Pr		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 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		
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 (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 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 land 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 me the process pullinged 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:		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 o support compliance, and agrees that all terms governing performance of this Contract and doing ting 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, precedence over the relevant terms in the RFR and the Contractor's Response only if made using		
X:X:	Date: 11218.	X: Date: 2-/-8. (Signature and Date Must Be Handwritten At Time of Signature)		
Print Name: Worman Khunalo Print Title: Town Manager Print Title: Fig 1 Congress Print Title: Pr		Print Name: 1994 CONDERY		
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(Updates 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.

CONTRACTOR LEGAL NAME: TOWN OF HUBBARDSTON		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Land Address (NO MATOO).				
<u>Legal Address</u> : (W-9, W-4,T&C): 7 MAIN ST HUBBARDSTON MA 01452-1437		Business Mailing Address: 1 Asht	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Claudia R. Provencal		Billing Address (if different):		
E-Mail: coa@hubbardstonma.us		Contract Manager: Stacey O'Conn	ell	
Phone: 508-497-9730	Fax:	E-Mail: Stacey.O'Connell@MassMa	ail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 3 8		Phone:1-617-222-7419	Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.		MMARS Doc ID(s): FY18COAH	ubbardston00	
Note: The Address Id Must be set up for <u>EFT</u> payme	nts.)	RFR/Procurement or Other ID Numb		
X NEW CONTRACT		CONT	FRACT 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 (OSD approval, scope, but Collective Purchase (Attach OSD approval, scope, sc		Enter Amendment Amount: \$ (or "no change") AMENDMENT TYPE: (Check one ontion only Attach details of Amendment changes)		
Department Procurement (includes State or Federal of	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			for the unit of the contract and updated scope/budget)	
Emergency Contract (Attach justification for emergen Contract Employee (Attach Employment Status Form,		Contract Employee (Attach any upda		
X Legislative/Legal or Other: (Attach authorizing la		Legislative/Legal or Other: (Attach a	iuthorizing language/justification and updated scope	
scope and budget		and budget)		
The following COMMONWEALTH TERMS AND CO X_Commonwealth Terms and Conditions		ruted, filed with CTR and is incorporate Conditions For Human and Social Service		
COMPENSATION: (Check ONE option): The Departr	ment certifies that payments for aut	horized performance accepted in accord	lance with the terms of this Contract will be supported	
in the state accounting system by sufficient appropriat	tions or other non-appropriated fund	ds, subject to intercept for Commonwealt	th owed debts under 815 CMR 9.00.	
Rate Contract (No Maximum Obligation. Attach d X Maximum Obligation Contract Enter Total Maximum Contract Enter Total Maximum				
	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwidentify a PPD as follows: Payment issued within 10 d	realth payments are issued through	Jh <u>EFT</u> 45 days from invoice receipt. Unit in 15 days % PPD: Payment issue	ontractors requesting accelerated payments must ed within 20 days - % PPD: Payment issued within	
30 days % PPD. If PPD percentages are left blank,	identify reason: X agree to stand	dard 45 day cycle statutory/legal or Rea	ady Payments (G.L. c. 29, § 23A); only initial	
payment (subsequent payments scheduled to support s	standard EFT 45 day payment cycle	e. See Prompt Pay Discounts Policy.)		
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a for the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding.		a formula grant award to the Councils on Aging of z. Funts thay support Council on Aging activities as		
identified in the annually published COA Formula Grant Guide. The activity performance per		period for this award is 7/1/20 16 / 6/30/2	201 1944 Municipality will complete a final fiscal	
report accounting for how these grant funds were applied. Ongoing eligibility for formula gra				
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Con		•		
1. may be incurred as of the <u>Effective Date</u> (latest s				
2. may be incurred as of, 20 , a date LATER than the <u>Effective Date</u> below a3. were incurred as of, 217, a date PRIOR to the <u>Effective Date</u> below, an		7 and no obligations have been incurred and the parties agree that payments for a	prior to the <u>effective Date</u> . any obligations incurred prior to the Effective	
Date are authorized to be made either as settlement payments or as authorized reimburseme		ement payments, and that the details and	ficircumstances of all obligations under this	
Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwe. CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 with no new obligations be				
amended, provided that the terms of this Contract an				
for completing any negotiated terms and warranties, to				
amendments.				
CERTIFICATIONS: Notwithstanding verbal or other re				
Amendment has been executed by an authorized signapprovals. The Contractor makes all certifications re	natory of the Contractor, the Depa equired under the attached Contr	rtment, or a later contract of Americane actor Certifications (incorporated by ref	int Start Date specified above, subject to any required ference if not attached hereful under the pains and	
approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached he penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance		ms governing performance of this Contract and doing		
business in Massachusetts are attached or incorporated by reference herein according to		o the following hierarchy of document pr	recedence, the applicable Commonwealth Terms and	
<u>Conditions</u> , this Standard Contract Form including the Instructions and Contractor Certifi and additional negotiated terms, provided that additional negotiated terms will take preced				
the precess outlined in \$01 CMR 21.07, incorporated				
AUTHORIZING SIGNATURE FOR THE CONTRACTO	OR:	AUT/NORIZING SIGNATURE FOR	THE COMMONWEALTH:	
6.15.1111111/2V	Date: Z 2018	x: Learn or	VII. Date: 2-26-18	
(Signature and Date Must Be Handwritten At Time	of Signature)	(Signature and Date Must Be Hand	lwritten At Time of Signature)	
Print Name: Briak J Bullock		Print Name: 5044	Connetig	
Print Title: Acting Town Administra	dor.	Print Title:		
,			E I	

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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.

CONTRACTOR LEGAL NAME: TOWN OF HUDSON		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4,T&C): 8 MAIN ST HUDSON MA 01749-2180		Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Janice Long		Billing Address (if different):	
E-Mail: jlong@townofhudson.org		Contract Manager: Stacey O'Connell	
Phone: 978-928-1400 Fax:		E-Mail: Stacey.O'Connell@MassMail.s	state.ma.us
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 3 9		Phone:1-617-222-7419	Fax: 1-617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD001.		MMARS Doc ID(s): FY18COAHue	dson0000000
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 of in the state accounting system by sufficient appropriations of Rate Contract (No Maximum Obligation. Attach details a X Maximum Obligation Contract Enter Total Maximum Obligation Contract Enter	t) 315 CMR 2.00) documentation) pp, budget) pf, budget) po, budget) pf, budget) po, budget) promonwealth Terms and Co prifiles that payments for author pother non-appropriated funds pother non-appropria	Enter Current Contract End Date Prior Enter Amendment Amount: \$ AMENDMENT TYPE: (Check one optic Amendment to Scope or Budget (Attac Interim Contract (Attach justification for Contract Employee (Attach any update: Legislative/Legal or Other: (Attach auti and budget) ted, filed with CTR and is incorporated anditions For Human and Social Services. orized performance accepted in accordan s, subject to intercept for Commonwealth conditions or terms and any changes if re this Contract (or new Total if Contract is b EFT 45 days from invoice receipt. Cor thin 15 days % PPD; Payment issued and 45 day cycle statutory/legal or Read	
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 the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Further any support Council on Aging activitientified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2016—6/30/20 for the municipality 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.		ormula grant award to the Councils on Aging of	
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:		ant funding is contingent on satisfactory p	The fruncipality will complete a final fiscal
ANTICIPATED START DATE: (Complete ONE option only	going eligibility for formula gra) The Department and Contra ure date below) and <u>no</u> obligat than the <u>Effective Date</u> below, to the <u>Effective Date</u> below, ar s or as authorized reimbursen ceptance of payments forever thate as of <u>June 30th, 2018</u>	ant funding is contingent on satisfactory purctor certify for this Contract, or Contract Actions have been incurred prior to the Effect and no obligations have been incurred prior to the parties agree that payments for an inent payments, and that the details and or releases the Commonwealth from further with no new obligations being incurred a obligations shall survive its termination for	The municipality will complete a final fiscal rior year performance, unendment, that Contract obligations: ective Date. rior to the Effective Date, y obligations incurred prior to the Effective ircumstances of all obligations under this related to these obligations. Ifter this date unless the Contract is properly of the purpose of resolving any claim or dispute,

(Updated 1/4/2018) Page 1

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CONTRACTOR LEGAL NAME: OWN OF HULL	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs		
	MMARS Department Code: ELD		
Legal Address: (W-9, W-4,T&C): 53 ATLANTIC AVE HULL MA 02045-3215	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108		
Contract Manager: Barbara Lawlor	Billing Address (if different):		
E-Mail: blawlor@town.huli.ma.us Contract Manager: Stacey O'Connell			
Phone: 978-568-9638 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us		
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 4 0	Phone:1-617-222-7419 Fax: 1-617-727-9368		
/endor Code Address ID (e.g. "AD001"): AD001.	MMAR\$ Doc ID(s): FY18COAHull00000000		
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 exect X Commonwealth Terms and Conditions Commonwealth Terms and Conditions	uted, 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). \$24,066.00 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. 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; 6/30/2016; 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:			
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.			
Amendment has been executed by an authorized signatory of the Contractor, the Depa approvals. The Contractor makes all certifications required under the attached Contractor penalties of perjury, agrees to provide any required documentation upon request to sup business in Massachusetts are attached or incorporated by reference herein according to Conditions, this Standard Contract Form including the Instructions and Contractor Certain additional negotiated terms, provided that additional negotiated terms will take precedure.	"Effective Date" of this Contract or Amendment shall be the latest date that this Contract or artment, 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 oport 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 tifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, edence over the relevant terms in the RFR and the Contractor's Response only if made using d RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: Date: V: Date: V: Print Name: Print Title:		

(Updated 1/4/2018) Page 1

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CONTRACTOR LEGAL NAME: TOWN OF HUNTINGTON		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4,T&C): 24 RUSSELL RD HUNTINGTON MA 01050-9776		Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108		
Contract Manager: Kathleen Peterson		Billing Address (if different):		
E-Mail: katilguard@gmail.com		Contract Manager: Stacey O'C	onnell	
	Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us		
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 4 2		Phone:1-617-222-7419		617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD001.		MMARS Doc ID(s): FY18CC	AHuntington00	0
Note: The Address Id Must be set up for <u>EFT</u> payments.)		RFR/Procurement or Other ID	RFR/Procurement or Other ID Number: Grant Award	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one Statewide Contract (OSD or an OSD-designated Dept Collective Purchase (Attach OSD approval, scope, but Department Procurement (includes State or Federal graduate) (Attach RFR and Response or other procurement supp Emergency 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 of the state accounting system by sufficient appropriating the state accounting system by sufficient appropriating Rate Contract (No Maximum Obligation. Attach did X Maximum Obligation Contract Enter Total Maximum PROMPT PAYMENT DISCOUNTS (PPD): Commonwidentify a PPD as follows: Payment issued within 10 co 30 days % PPD. If PPD percentages are left blank,	artment) dget) rants 815 CMR 2.00) orting documentation) cy, scope, budget) scope, budget) scope, budget) nguage/justification, NDITIONS (T&C) has been ex Commonwealth Terms and nent certifies that payments for a ions or other non-appropriated fe etails of all rates, units, calculation num Obligation for total duration yealth payments are issued thre lays % PPD; Payment issued identify reason: X agree to sta	Enter Current Contract End Dar Enter Amendment Amount: \$ AMENDMENT TYPE: (Check or Amendment to Scope or Budg Interim Contract (Attach justifice Contract Employee (Attach justifice Contract Employee (Attach any Legislative/Legal or Other: (Att and budget) cutted, filled with CTR and is incor I Conditions For Human and Social S uthorized performance accepted in a unds, subject to intercept for Common ons, conditions or terms and any chain of this Contract (or new Total if Cont ough EFT 45 days from invoice rece within 15 days % PPD; Paymen andard 45 day cycle statutory/legal	. (or "no channe option only. Attach et (Attach updated scoption for Interim Contract updates to scope or but authorizing language porated by reference in ervices. coordance with the term wealth owed debts undages if rates or terms are ract is being amended). pt. Contractors request issued within 20 days or Ready Payments (G.)	
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-ba identified in the annually published COA Formula Grant Guide. The activity performance po		MENT: This contract is to locally distri- -based allocation of available grant for e period for this award is 7/1/2016	oute a formula grant aw nding. Funds may supp /30/2014 The municipa	port Council on Aging activities as ality will complete a final fiscal
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:		Contract obligations: ive Date, urred prior to the <u>Effective</u> all obligations under this to these obligations. less the Contract is properly f resolving any claim or dispute,		
CERTIFICATIONS: Notwithstanding verbal or other r Amendment has been executed by an authorized sig approvals. The Contractor makes all certifications re penalties of perjury, agrees to provide any required d business in Massachusetts are attached or incorporat Conditions, this Standard Contract Form including th 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: Print Title:	natory of the Contractor, the Desquired under the attached Color commentation upon request to sed by reference herein according and Contractor Contractor and regotiated terms will take properly provided that any amening CR:	partment, or a later Contract or Ame <u>ntractor Certifications</u> (Incorporated upport compliance, and agrees that g to the following hierarchy of docume rifications, the Request for Resporacedence over the relevant terms in	ndment Start Date spec by reference if not atta all terms governing perfe ent precedence, the ap se (RFR) or other solic he RFR and the Contra best value, lower costs, FOR THE COMMONW	cified above, subject to any required ched hereto) under the pains and formance of this Contract and doing plicable Commonwealth Terms and citation, the Contractor's Response, ctor's Response only if made using or a more cost effective Contract. VEALTH: Date: 2 - 2 - 18 Signature)

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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 <u>OSD Forms</u> .	
CONTRACTOR LEGAL NAME: TOWN OF IPSWICH	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
<u>Legal Address</u> : (W-9, W-4,T&C): 25 GREEN ST IPSWICH MA 01938-2229	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Sheila Taylor	Billing Address (if different):	
E-Mail: coa@ipswich-ma.gov	Contract Manager: Stacey O'Connell	
Phone: 413-667-3167 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 4 3	Phone:1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COAlpswich000000	
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 a in the state accounting system by sufficient appropriations or other non-appropriated furate 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 payment issued within 10 days % PPD; Payment issued	Conditions For Human and Social Services. 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. sns, conditions or terms and any changes if rates or terms are being amended.)	
payment (subsequent payments scheduled to support standard EFT 45 day payment cy BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDI the municipalities of the Commonwealth. The award amount is determined by a census	cle. See Prompt Pay Discounts Policy.) ### April 2	
ANTICIPATED START DATE: (Complete ONE option only) The Department and Cor	ntractor certify for this Contract, or Contract Amendment, that Contract obligations: ligations have been incurred <u>prior</u> to the <u>Effective Date</u> . low and <u>no</u> obligations have been incurred <u>prior</u> to the <u>Effective Date</u> . It 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 light the payments of the commonwealth from further claims related to these 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.	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	
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 of 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 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 an 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:		