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CONTRACTOR LEGAL NAME: TOWN OF KINGSTON	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs  MMARS Department Code: ELD
<u>Legal Address:</u> ( <b>W-9, W-4,T&amp;C):</b> 26 GREEN ST KINGSTON MA 02364-1428	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
Contract Manager: Paula Rossi-Class	Billing Address (if different):
E-Mail: prossiclapp@kingstonmass.org	Contract Manager: Stacey O'Connell
Phone: 978-356-6650	E-Mail: Stacey.O'Connell@MassMail.state.ma.us
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 4 5	Phone:1-617-222-7419 Fax: 1-617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COAKingston00001
Note: The Address Id Must be set up for EFT payments.)	
	RFR/Procurement or Other ID Number: Grant Award
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	CONTRACT AMENDMENT  Factor Courset Contract End Data Prins to Amendment: 20
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 815 CMR 2.00)	Amendment to Scope or Budget (Attach updated scope and budget)
(Attach RFR and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget)	Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach Employment Status Form, scope, budget)	Contract Employee (Attach any updates to scope or budget)
X Legislative/Legal or Other: (Attach authorizing language/justification,	Legislative/Legal or Other: (Attach authorizing language/justification and updated scope
scope and budget  The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been ex	and budget)
Commonwealth Terms and ConditionsCommonwealth Terms and	Conditions For Human and Social Services.
identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued 30 days % PPD. If PPD percentages are left blank, identify reason: X agree to st payment (subsequent payments scheduled to support standard EFT 45 day payment of BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMEND the municipalities of the Commonwealth. The award amount is determined by a censu identified in the annually published COA Formula Grant Guide. The activity performance report accounting for how these grant funds were applied. Ongoing eligibility for formula ANTICIPATED START DATE: (Complete ONE option only) The Department and Complete on the complete of the complete on the comple	ons, conditions or terms and any changes if rates or terms are being amended.) of this Contract (or new Total if Contract is being amended). \$25,806.28  ough EFT 45 days from invoice receipt. Contractors requesting accelerated payments must a within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within andard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial role. See Prompt Pay Discounts Policy.)  MENT: This contract is to locally distribute a formula grant award to the Councils on Aging of shased allocation of available grant funding. Further may support Council on Aging activities as a period for this award is 7/1/2016 76/30/2018. The municipality will complete a final fiscal a grant funding is contingent on satisfactory prior year performance.  Intractor certify for this Contract, or Contract Amendment, that Contract obligations:  Idigations 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	v. 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 reimbu Contract are attached and incorporated into this Contract. Acceptance of payments for	ever releases the Commonwealth from further claims related to these obligations.
CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2	018 with no new obligations being incurred after this date unless the Contract is properly deblications 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 D approvals. The Contractor makes all certifications required under the attached Copenalties of perjury, agrees to provide any required documentation upon request to business in Massachusetts are attached or incorporated by reference herein according Conditions, this Standard Contract Form including the Instructions and Contractor and additional perpotiated terms, provided that additional perpotiated 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 ag 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, 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:



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www.mass.gov/osc under Guidance For Vendors - Forms_or www.mass.gov/c	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs
CONTRACTOR LEGAL NAME:	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Andres  MMARS Department Code: ELD
OWN OF LAKEVILLE	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
<u>egal Address</u> : ( <b>W-9, W-4,T&amp;C):</b> 46 BEDFORD ST LAKEVILLE MA 02347-2150	,
Contract Manager: Kelly Conway	Billing Address (if different):
-Mail: lakevillecoa@comcast.net	Contract Manager: Stacey O'Connell
Phone: 781-585-0511 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 4 6	1 Hone. For 200
Vendor Code Address ID (e.g. "AD001"): AD <u>001</u> .	MMARS Doc ID(s): FY18COALakeville0000
Note: The Address Id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award
X NEW CONTRACT	CONTRACT AMENDMENT
PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20
Statewide Contract (OSD or an OSD-designated Department)	Enter Amendment Amount: \$ (or "no change")  AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)
Collective Purchase (Attach OSD approval, scope, budget)  Department Procurement (includes State or Federal grants 815 CMR 2.00)	Amendment to Scope or Budget (Attach updated scope and budget)
(Attach RER and Response or other procurement supporting documentation)	Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Emergency Contract (Attach justification for emergency, scope, budget)	Contract Employee (Attach any undates to scope or budget)
Contract Employee (Attach Employment Status Form, scope, budget)  X Legislative/Legal or Other: (Attach authorizing language/justification,	Legislative/Legal or Other: (Attach authorizing language/justification and updated scope
	and budget)
The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been exe	cuted, filed with CTR and is incorporated by reference into this contract.  Conditions For Human and Social Services.
in the state accounting system by sufficient appropriations or other hon-appropriated in Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculation X Maximum Obligation Contract Enter Total Maximum Obligation for total duration.  PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through 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 state payment (subsequent payments scheduled to support standard EFT 45 day payment cyber DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDING the municipalities of the Commonwealth. The award amount is determined by a census identified in the annually published COA Formula Grant Guide. The activity performance report accounting for how these grant funds were applied. Ongoing eligibility for formula ANTICIPATED START DATE: (Complete ONE option only) The Department and Commonwealth.	of this Contract (or new Total if Contract is being amended). \$19,306.78  ugh EFT 45 days from invoice receipt. Contractors requesting accelerated payments must within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within ndard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial cle. See Prompt Pay Discounts Policy.)  MENT: This contract is to locally distribute a formula grant award to the Councils on Aging of based allocation of available grant funding. Funds thay support Council on Aging activities as a period for this award is 7/1/2016   6/30/2016   The municipality will complete a final fiscal agrant funding is contingent on satisfactory prior year performance.
1. may be incurred as of the Effective Date (latest signature date below) and no ob	
2. may be incurred as of	ow and no colligations have been micros and one colligations incurred prior to the <u>Effective</u> w, and the parties agree that payments for any obligations incurred prior to the <u>Effective</u> when the property and that the details and circumstances of all obligations under this
Date are authorized to be made either as settlement payments or as authorized fermion	over releases the Commonwealth from further claims related to these obligations.
CONTRACT END DATE: Contract performance shall terminate as or <u>June 30th, 2</u> amended, provided that the terms of this Contract and performance expectations are for completing any negotiated terms and warranties, to allow any close out or transition.	on performance, reporting, invoicing or final payments, or during any lapse between
Amendment has been executed by an authorized signatory of the Contractor, the Disapprovals. The Contractor makes all certifications required under the attached Contractor penalties of perjury, agrees to provide any required documentation upon request to business in Massachusetts are attached or incorporated by reference herein according Conditions, this Standard Contract Form including the Instructions and Contractor of the Contractor of th	the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or expertment, or a later Contract or Amendment Start Date specified above, subject to any required intractor Certifications (incorporated by reference if not attached hereto) under the pains and support compliance, and agrees that all terms governing performance of this Contract and doing not the following hierarchy of document precedence, the applicable Commonwealth Terms and Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, recedence over the relevant terms in the RFR and the Contractor's Response only if made using added RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  Althorizing Signature FOR THE COMMONWEALTH:  X: Date:  (Signature and Date Must Be Handwritten At Time of Signature)  Print Name:  Print Title:



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www.mass.gov/osc under Guidance For Vendors - Forms_or www.mass.gov/	osd under OSD Forms.
CONTRACTOR LEGAL NAME:	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs
OWN OF LANCASTER	MMARS Department Code: ELD
<u>Legal Address:</u> ( <b>W-9, W-4,T&amp;C)</b> : 95 MAIN ST LANCASTER MA 01523-2245	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
Contract Manager: Alix Turner	Billing Address (if different):
E-Mail: aturner@lancasterma.net	Contract Manager: Stacey O'Connell
Phone: 508-947-7224 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 4 7	<u>Phone</u> :1-617-222-7419 Fax: 1-617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COALancaster0000
Note: The Address Id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget)	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20  Enter Amendment Amount: \$, (or "no change")  AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)  Amendment to Scope or Budget (Attach updated scope and budget)  Interim Contract (Attach justification for Interim Contract and updated scope/budget)  Contract Employee (Attach any updates to scope or budget)  Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)
THE PROPERTY OF THE PROPERTY OF THE PARTY OF	ecuted, filed with CTR and is incorporated by reference into this Contract. I Conditions For Human and Social Services.
In the state accounting system by sufficient appropriations of other non-appropriated to Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculation.   X Maximum Obligation Contract. Enter Total Maximum Obligation for total duration.   PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through the 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 strong agree to strong and the interval of the interval	or of this Contract (or <i>new</i> Total if Contract is being amended). \$13,289.00  ough EFT 45 days from invoice receipt. Contractors requesting accelerated payments must divithin 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 cycle. See Prompt Pay Discounts Policy.)  MENT: This contract is to locally distribute a formula grant award to the Councils on Aging of sebased allocation of available grant funding. Funds may support Council on Aging activities as the period for this award is 7/1/2017 – 6/30/2018. The municipality will complete a final fiscal agrant funding is contingent on satisfactory prior year performance.
1. may be incurred as of the <u>Effective Date</u> (latest signature date below) and <u>no</u> of2. may be incurred as of, 20, a date <b>LATER</b> than the <u>Effective Date</u> below3. were incurred as of	bligations have been incurred <u>prior</u> to the <u>effective Date</u> .  slow and <u>no</u> obligations have been incurred <u>prior</u> to the <u>effective Date</u> .  w, and the parties agree that payments for any obligations incurred prior to the <u>effective</u> ursement payments, and that the details and circumstances of all obligations under this
Contract are attached and incorporated into this Contract. Acceptance of payments to CONTRACT END DATE: Contract performance shall terminate as of <u>June 30th</u> , 2 amended, provided that the terms of this Contract and performance expectations a for completing any negotiated terms and warranties, to allow any close out or transit	2018 with no new obligations being incurred after this date unless the Contract is properly 2018 with no new obligations being incurred after this date unless the Contract is properly 2018 with no dispute, or obligations shall survive its termination for the purpose of resolving any claim or dispute, it is performance, reporting, involcing or final payments, or during any lapse between
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, Amendment has been executed by an authorized signatory of the Contractor, the Dapprovals. The Contractor makes all certifications required under the attached penalties of perjury, agrees to provide any required documentation upon request to business in Massachusetts are attached or incorporated by reference herein accord Conditions, this Standard Contract Form including the Instructions and Contractor	the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Department, or a later Contract or Amendment Start Date specified above, subject to any required contractor Certifications (incorporated by reference if not attached hereto) under the pains and support compliance, and agrees that all terms governing performance of this Contract and doing ing to the following hierarchy of document precedence, the applicable Commonwealth Terms and Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, precedence over the relevant terms in the RFR and the Contractor's Response only if made using unded 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 thust Be Handwritten At Time of Signature)  Print Name:  Print Title:

(Updated 174/2018) Page 1

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www.mass.gov/osc under Guldance For Vendors - Forms or www.mass.gov	/osd under OSD Forms.  COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs
ONTRACTOR LEGAL NAME: DWN OF LANESBOROUGH	MMARS Department Code: ELD
enal Address: (W-9, W-4,T&C):	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
3 S MAIN ST LANESBORO MA 01237-9727 Contract Manager: Loma Gayle	Billing Address (if different):
ontract <u>wanager: Lona Gayle</u> - <u>Mai</u> l: seniors.director@lanesborough-ma.gov	Contract Manager: Stacey O'Connell
	E-Mail: Stacey.O'Connell@MassMail.state.ma.us
<u>Phone</u> : 978-733-1249 Fax: Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 4 8	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): FY18COALanesborough0
Note: The Address Id Must be set up for EFT payments.)	RFR/Procurement or Other ID Number: Grant Award
	CONTRACT AMENDMENT
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20
Statewide Contract (OSD or an OSD-designated Department)	Enter Amendment Amount: \$ (or "no change")
Outlineting Durations (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)  Interim Contract (Attach justification for interim Contract and updated scope/budget)
Contract (Attach justification for emergency, scope, budget)	(AH-ch any undates to scope or hidget)
Construct Employee /Attach Employment Status Forth, Scope, Douges	Contract Employee (Atlach any updates to scope of bacgory Legislative/Legal or Other: (Atlach authorizing language/justification and updated scope
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget	and hudget\
The following COMMONWEALTH TERMS AND CONDITIONS (1&C) has been ex	(ecuted, filed with CTR and is incorporated by reference into this Contract.
V. Cammanuscith Terms and Conditions Collision Control of the	d Conditions For Human and Social Services.  authorized performance accepted in accordance with the terms of this Contract will be supported funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
identify a PPD as follows: Payment issued within 10 days % FFD, Payment issued within 10 days % FPD, If PPD percentages are left blank, identify reason: X agree to s	on of this Contract (or <i>new</i> Total If Contract is being amended). \$7.149.00  rough EFT 45 days from invoice receipt. Contractors requesting accelerated payments must ed within 15 days % PPD; Payment issued within 20 days % PPD; Paym
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENI the municipalities of the Commonwealth. The award amount is determined by a censi identified in the annually published COA Formula Grant Guide. The activity perform	LIMENT: This contract is to locally distributed to the property of the municipality will complete a final fiscal note period for this award is 7/1/2015 6/30/2015 The municipality will complete a final fiscal note period for this award is 7/1/2015 6/30/2015 The municipality will complete a final fiscal note of the property funding is continuent on satisfactory prior year performance.
report accounting for how these grant runos were applied. Origining engineers and C	Contractor certify for this Contract, or Contract Amendment, that Contract obligations:
t and the control of	Ablinations have neen incurred prior to the chocked base.
2. may be incurred as of, 20, a date LALEX than the <u>Enecurve Date</u> below.  X_3, were incurred as of, 2017, a date PRIOR to the <u>Effective Date</u> below.  Determine the property of the mode either as settlement payments or as authorized reimble.	cw, and the parties agree that payments for any obligations incurred prior to the <u>Effective</u> our and the parties agree that payments for any obligations under this pursement payments, and that the details and circumstances of all obligations under this
Contract are attached and incorporated into this Contract. Acceptance is paymented.  CONTRACT END DATE: Contract performance shall terminate as of June 30th, amended, provided that the terms of this Contract and performance expectations for completing any negotiated terms and warranties, to allow any close out or trans	2018 with no new obligations being incurred after this date unless the Contract is properly and obligations shall survive its termination for the purpose of resolving any claim or dispute, siltion performance, reporting, invoicing or final payments, or during any lapse between
amendments.	The state of the s
Amendment has been executed by an authorized signatory of the contractor approvals. The Contractor makes all certifications required under the attached penalties of perjury, agrees to provide any required documentation upon request to business in Massachusetts are attached or incorporated by reference herein according this Standard Contract Form including the Instructions and Contractor and additional negotiated terms, provided that additional negotiated terms will take the process outlined in 801 CMR 21.07, incorporated herein, provided that any ama AUTHORIZING SIGNATURE FOR THE CONTRACTOR:  X: Date: 15 18  Signature and Date Must Be Handwritten At Time of Signature)	Department, or a later Contract or Amendment Start Date specified above, subject to any required Contractor Certifications (incorporated by reference if not attached hereto) under the pains and to support compliance, and agrees that all terms governing performance of this Contract and doing region to the following hierarchy of document precedence, the applicable Commonwealth Terms and for Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, a precedence over the relevant terms in the RFR and the Contractor's Response only if made using mended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTIORIZING SIGNATURE FOR THE COMMONWEALTH:  Signature and Date Must Be Handwritten At Tune of Signature)  Print Name:  Print Title:
Print Title: town Manager	Print Title:

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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 www.mass.gov/osc under Guidance For Vendors - Forms\_or www.mass.gov/osd under OSD Forms. COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs CONTRACTOR LEGAL NAME: MMARS Department Code: ELD Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108 CITY OF LAWRENCE Legal Address: (W-9, W-4,T&C): 00 COMMON ST LAWRENCE MA 01840-1517 Billing Address (if different): Contract Manager: Martha Velez Contract Manager: Stacey O'Connell E-Mail: mvelez@cityoflawrence.com E-Mail: Stacey.O'Connell@MassMail.state.ma.us Fax: Fax: 1-617-727-9368 Phone: 413-448-2682 Phone:1-617-222-7419 Contractor Vendor Code: V C 6 0 0 0 1 9 2 1 0 4 MMARS Doc ID(s): FY18COALawrence00000 Vendor Code Address ID (e.g. "AD001"): AD001. RFR/Procurement or Other ID Number: Grant Award Note: The Address Id Must be set up for <u>EFT</u> payments.) CONTRACT AMENDMENT X NEW CONTRACT Enter Current Contract End Date Prior to Amendment: PROCUREMENT OR EXCEPTION TYPE: (Check one option only) \_. (ог "no change") Enter Amendment Amount: \$\_\_ Statewide Contract (OSD or an OSD-designated Department) AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.) Collective Purchase (Attach OSD approval, scope, budget) Amendment to Scope or Budget (Attach updated scope and budget) Department Procurement (includes State or Federal grants 815 CMR 2.00) Interim Contract (Attach justification for Interim Contract and updated scope/budget) (Attach RFR and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach any updates to scope or budget) Legislative/Legal or Other: (Attach authorizing language/justification and updated scope Contract Employee (Attach Employment Status Form, scope, budget) X Legislative/Legal or Other: (Attach authorizing language/justification, and budget) The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract. scope and budget \_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 X Commonwealth Terms and Conditions 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). \$92,431.00 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 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. Eunds 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 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. X 3. were incurred as of July 1st, 2017, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations. CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or amendments. Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and approvals. The Confidence makes an confidence under the attached <u>Confidence of this Contract and doing</u> penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing penalties of the penalties of 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 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 builtined in 801 CMR 2107, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. Date: 4-26-18 AUTHORIZING SIGNATURE FOR THE CONTRACTOR: (Signature and Date Must Be Handwritten At Time of Signature)
Print Name: . Date: 1 | 국정 18 -(Signature and Date Must Be Handwritten At Time of Signature) Print Name: Daniel Rivera Print Title:

Print Title: Mayor



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

definitions, instructions and legal requirements that an incorporate www.mass.gov/osc under Guidance For Vendors - Forms or www.ma	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs
	MMARS Department Code: ELD
OWN OF LEE	Business Malling Address: 1 Ashburton Place Room 517, Boston, MA 02108
egal <u>Address</u> : <b>(W-9, W-4,T&amp;C):</b> MAIN ST LEE MA 01238-1612	
ontract Manager: Patricia DiGrigoli	Billing Address (if different):
-Mail: coa@town.lee.ma.us	Contract Manager: Stacey O'Connell
	E-Mail; Stacey.O'Connell@MassMail.state.ma.us
hone: 978-620-3540 Fax: contractor Vendor Code: V C 6 0 0 0 1 9 1 8 5 0	Phone:1-617-222-7419 Fax: 1-617-727-9368
Contractor Vendor Code. V C G V V V V V V V V ADM1.	MMARS Doc ID(s): FY18COALee0000000000
rendor Code Address ID (e.g. "AD001"): AD <u>001</u> .  Note: The Address Id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award
	CONTRACT AMENDMENT
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20
Statewide Contract (OSD or an OSD-designated Department)	Enter Amendment Amount: \$ (or "no change")
- v v nt.ana (Attoch (ISD annoval scope, uuuuci)	AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)
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(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)
- / Mach Employment Status Form, Scopp, Dudger	Contract Employee (Attach any updates to scope or budget)  Legislative/Legal or Other: (Attach authorizing language/justification and updated scope
Y Logislative/Legal or Other: (Attach authorizing language/justification,	1118
scope and budget	and budget) been executed, filed with CTR and is incorporated by reference into this Contract. terms and Conditions For Human and Social Services.
The following COMMONWEALTH TERMS AND CONDITIONS (Tac) has a X Commonwealth Terms and Conditions Commonwealth Terms.	erms and Conditions For Human and Social Services.
THE DESCRIPTION DOLLMONT ISSUED WITHIN 10 days % PPD: Payrille	sued through ET 45 days from invoice receipt. Contractors requesting accelerated payments must sued within 45 days % PPD; Payment issued within 20 days % PPD; Payment issued within 45 days % PPD;
Identify a PPD as follows: Payment issued within 10 days % PPD, if PPD percentages are left blank, identify reason: X ag payment (subsequent payments scheduled to support standard EFT 45 day pp BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR the municipalities of the Commonwealth. The award amount is determined by identified in the annually published COA Formula Grant Guide. The activity per report accounting for how these grant funds were applied. Ongoing eligibility if ANTICIPATED START DATE: (Complete ONE option only) The Department 1, may be incurred as of the Effective Date (latest signature date below) and the procurred as of the Effective Date (latest signature date below) and the procurred as of the Effective Date (latest signature date below) and the procurred as of the Effective Date (latest signature date below) and the procurred as of the Effective Date (latest signature date below) and the procurred as of the Effective Date (latest signature date below) and the procurred as of the Effective Date (latest signature date below) and the procurred as of the Effective Date (latest signature date below) and the procurred as of the Effective Date (latest signature date below) and the procurred as of the Effective Date (latest signature date below) and the procurred as of the Effective Date (latest signature date below) and the procurred as of the Effective Date (latest signature date below) and the procurred as of the Effective Date (latest signature date below) and the procurred as of the Effective Date (latest signature date below) and the procurred as of the Effective Date (latest signature date below) and the procurred as of the Effective Date (latest signature date below) and the procurred as of the Effective Date (latest signature date below) and the procurred as of the Effective Date (latest signature date below) and the procurred as of the Effective Date (latest signature date below) and the procurred as of the Effective Date (latest signature date below) and the procurred as of the Effecti	ree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial ayment cycle. See Prompt Pay Discounts Policy.)  AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of a census-based allocation of available grant funding. Funds may support Council on Aging activities as erformance period for this award is 7/1/2016 6/30/20 76. The municipality will complete a final fiscal for formula grant funding is contingent on satisfactory prior year performance.  In and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:  and no obligations have been incurred prior to the Effective Date.  E Date below and no obligations have been incurred prior to the Effective Date.
Identify a PPD as follows: Payment issued within 10 days % PPD, if PPD percentages are left blank, identify reason: X ag payment (subsequent payments scheduled to support standard EFT 45 day psequent (subsequent payments scheduled to support standard EFT 45 day psequent (subsequent payments scheduled to support standard EFT 45 day psequent for the municipalities of the Commonwealth. The award amount is determined by identified in the annually published COA Formula Grant Guide. The activity pereport accounting for how these grant funds were applied. Ongoing eligibility is an annually payment funds were applied.	ree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial ayment cycle. See Prompt Pay Discounts Policy.)  AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of a census-based allocation of available grant funding. Funds may support Council on Aging activities as erformance period for this award is 7/1/2016 – 6/30/20 76. The municipality will complete a final fiscal for formula grant funding is contingent on satisfactory prior year performance.  In and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:  and no obligations have been incurred prior to the Effective Date.  Date below and no obligations have been incurred from the Effective Date.  Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date.
Identify a PPD as follows: Payment issued within 10 days 36 PPD, 15 PPD percentages are left blank, identify reason: X_ag payment (subsequent payments scheduled to support standard EFT 45 day pt BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR the municipalities of the Commonwealth. The award amount is determined by identified in the annually published COA Formula Grant Guide. The activity pereport accounting for how these grant funds were applied. Ongoing eligibility if ANTICIPATED START DATE: (Complete ONE option only) The Department of the Incurred as of the Effective Date (latest signature date below) and the incurred as of 10 July 1st, 2017, a date LATER than the Effective Date are authorized to be made either as settlement payments or as authorized to the Effective Date (latest accounting to the Effective Date are authorized to be made either as settlement payments or as authorized to DATE; Contract performance shall terminate as of 10 July 1st, 2017, a date PRIOR to the Effective Date are authorized to the made either as settlement payments or as authorized to the Effective Date are authorized to the Effective Date (Effective	ree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial ayment cycle. See Prompt Pay Discounts Policy.)  AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of a census-based allocation of available grant funding. Funds may support Council on Aging activities as erformance period for this award is 7/1/2016 6/30/20 76 The municipality will complete a final fiscal for formula grant funding is contingent on satisfactory prior year performance.  Int and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:  and no obligations have been incurred prior to the Effective Date.

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WWW.Indos.govidos diddo Caladrias y s. c.		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs
CONTRACTOR LEGAL NAME: OWN OF LEICESTER		MMARS Department Code: ELD
egal Address: (W-9, W-4,T&C): 3 WASHBURN SQ		Business Malling Address: 1 Ashburton Place Room 517, Boston, MA 02108
EICESTER MA 01524-1396		Billing Address (If different):
Contract Manager: Rachelle Cloutier		Contract Manager: Stacey O'Connell
E-Malt: cloutlerr@leicesterma.org	Fax: 508-892-7506	E-Mail: Stacey.O'Connell@MassMail.state.ma.us
Phone: 508-892-7016	1441 044 04-11	Phone:1-617-222-7419 Fax: 1-617-727-9368
Contractor Vendor Code: V C 6000191851		MMARS Doc ID(s): FY18COALeicester0000
Vendor Code Address ID (e.g. "AD001"): AD <u>001</u> . Note: The Address Id Must be set up for <u>EFT p</u> ayme	onts.)	RFR/Procurement or Other ID Number: Grant Award
		CONTRACT AMENDMENT
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check or	ne option only)	Enter Current Contract End Date Prior to Amendment:, 20
Statewide Contract (OSD or an OSD-designated De	pariment)	Color Amandment Amount: \$ (or "no change")
A Part Durch new Mitach (ISD) annoval Scoops, D	uaceu	AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)
Description of Procurament (includes State of Federal	grants of a Civil 2.00)	Amendment to Scope or Budget (Atlach updated scope and budget)
(Attach RFR and Response or other procurement sup Emergency Contract (Attach justification for emerge	incy, scope, nuugeri	Interim Contract (Attach justification for Interim Contract and updated scope/budget)
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X Legislative/Legal or Other: (Aftech authorizing)	anguagequannoanon,	The design of the second of th
scope and budget The following COMMONWFALTH TERMS AND C	ONDITIONS (T&C) has been exe	cuted filed with CTR and is incorporated by reference into this Contract.
V Campanturally Torms and Conditions	COMMISSION LOUGH AND ALLE	
in the state accounting system by sufficient appropriate the contract (No Maximum Obligation. Attact X. Maximum Obligation Contract Enter Total Maximum Obligation Con	nations of other took applications of other took and the community of the	s-based allocation of available grant funding. Futuristrially support Council on Aging activities as see period for this award is 7/1/20167—6/30/20167 for municipality will complete a final fiscal a grant funding is confingent on satisfactory prior year performance.  Intractor certify for this Contract, or Contract Amendment, that Contract obligations:  Digations have been incurred prior to the Effective Date.  Solow and no obligations have been incurred prior to the Effective Date.  We and the parties agree that payments for any obligations incurred prior to the Effective under this are the Commonwealth from further relains related to these obligations.
CONTRACT END DATE: Contract performance s amended, provided that the terms of this Contract for completing any negotiated terms and warranties	t and performance expectations a s, to allow any close out or transi	ond obligations shall survive its termination for the purpose of resolving any claim or oispute, tion performance, reporting, invoicing or final payments, or during any tapse between
Amendment has been executed by an autorized approvals. The Contractor makes all certification penalties of perjury, agrees to provide any requirements in Massachusetts are attached or incompanions. The Standard Contract Form Including	as required under the attached of ed documentation upon request to porated by reference herein according the instructions and Contractor Iditional negotiated terms will take rated herein, provided that any arrest ACTOR:  Date: 1818  Date: 1818  Date: 1818	the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Contract, 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 a support compliance, and agrees that all terms governing performance of this Contract and doing ling 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 anded RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X: Date:  Cisquature and Date Must Be Handwritten At Tune of Signature)  Print Name:  Print Title:

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definitions, instructions and k	egal requirements trial are incorporated by release uidance For Vendors - Forms_or www.mass.gov	ylosd under OSD Forms.
CONTRACTOR LEGAL NAME:		COMMONWEALTH SELFACTOR
TOWN OF LENOX		MMARS Department Code: ELD
<u>Legal Address:</u> (W-9, W-4,T&C): 6 WALKER ST LENOX MA 01240-2741		Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
Contract Manager: Kim Graham		Billing Address (if different):
E-Mail: communitycenter@townoflenox	com	Contract Manager: Stacey O'Connell
	Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us
<u>Phone</u> : 508-892-7016 <u>Contractor Vendor Code</u> : V C 6 0 0 0	191853	Phone:1-617-222-7419 Fax: 1-617-727-9368
Contractor vendor Gode. V C G G G	1"\- AD001	MMARS Doc ID(s): FY18COALenox0000000
<u>Vendor Code Address ID</u> (e.g. "AD00' Note: The Address Id Must be set up	for FFT navments.)	RFR/Procurement or Other ID Number: Grant Award
X NEW CONTRACT PROCUREMENT OR EXCEPTION TO Statewide Contract (OSD or an OSD Collective Purchase (Attach OSD ap Department Procurement (Includes & OSD of an OSD Contract Procurement (Includes & OSD of an OSD (Attach RFR and Response or other particular (Attach Justifica Contract Employee (Attach Justifica Contract Employee (Attach Employer X Legislative/Legal or Other: (Attach Scope and budget  The following COMMONWEALTH X Commonwealth Terms and Concident of the state accounting system by sure Rate Contract (No Maximum OS X Maximum Obligation Contract PROMPT PAYMENT DISCOUNTS Identify a PPD as follows: Payment 30 days % PPD. If PPD percental payment (subsequent payments sch	YPE: (Check one option only)  -designated Department) proval, scope, budget) State or Federal grants 815 CMR 2.00) rocurement supporting documentation) ation for emergency, scope, budget) nent Status Form, scope, budget) ach authorizing language/justification,  TERMS AND CONDITIONS (T&C) has been of the common department certifies that payments for a commonwealth Terms a continuity. The Department certifies that payments for a commonwealth Terms and the commonwealth Terms are issued to support standard EFT 45 day payment and the commonwealth Terms and the commonwealth Terms are issued to support standard EFT 45 day payment and the commonwealth Terms and the com	MUMICIAL, THIS CONTRACTOR AND SCHOOL OF THE
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Date are authorized to be made end Contract are attached and incorpor	ated into this Contract. Acceptance of payments	pelow, and the parties agree that payments for any obligations income pinch or any obligations and the parties agree that payments for any obligations and the payments, and that the details and circumstances of all obligations under this impurement payments, and the commonwealth from further claims related to these obligations.  It is properly the contract is properly and obligations shall survive its termination for the purpose of resolving any claim or dispute, ansition performance, reporting, invoicing or final payments, or during any lapse between
amendments.  CERTIFICATIONS: Notwithstance Amendment has been executed approvals. The Contractor make penalties of perjury, agrees to probusiness in Massachusetts are a	ling verbal or other representations by the parti- by an authorized signatory of the Contractor, these all certifications required under the attache- ovide any required documentation upon request attached or incorporated by reference herein actact. Form including the Instructions and Contra- provided that additional negotiated terms will to a 21.07, incorporated herein, provided that any	ties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or the Department, or a later Contract or Amendment Start Date specified above, subject to any required to Contractor Certifications (incorporated by reference if not attached hereto) under the pains and st os support compliance, and agrees that all terms governing performance of this Contract and doing st of the following hierarchy of document precedence, the applicable Commonwealth Terms and cording to the following hierarchy of document precedence, the applicable Commonwealth Terms and cord certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response ake precedence over the relevant terms in the RFR and the Contractor's Response only if made using amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  ANTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X: Date:   Contract and Date Must Be Handwritten At Time of Signature)

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ndors - Forms or www.mass.gov/o	ce into this — Contract. All electronic copy of the contract o
Idoro Corrio V	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
Cov	E-Mail: Stacey.O'Connell@MassMail.state.ma.us
r ax.	Phone:1-617-222-7419 Fax: 1-617-727-9368
	MMARS Doc (D(s): FY18COALeominster000
unto 1	RFR/Procurement or Other ID Number: Grant Award
intar)	CONTRACT AMENDMENT
partment) udget) grants 815 CMR 2.00) porting documentation) procy, scope, budget) n, scope, budget) language/justification,  CONDITIONS (T&C) has been exe Commonwealth Terms and rement certifies that payments for a lations or other non-appropriated fur details of all rates, units, calculation inwealth payments are issued through the commonwealth payment issued days % PPD; Payment issued k, identify reason: X agree to start standard EFT 45 day payment cy ANCE or REASON FOR AMENDIcal amount is determined by a census	Enter Current Contract End Date <a href="Prior">Prior</a> to Amendment:
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tract. Acceptance of payments for hall terminate as of June 30th, 2 t and performance expectations a s, to allow any close out or transit	rever releases the Commonwealth from further claims related to these obligations.  1018 with no new obligations being incurred after this date unless the Contract is properly  1019 with no new obligations being incurred after this date unless the Contract is properly  1019 including a properly any claim or dispute,  1019 including any claim or dispute,  1019 including any lapse between
ner representations by the parties, is signatory of the Contractor, the Discrete signature of the contractor, the Edd occumentation upon request to porated by reference herein accordig the instructions and Contractor ditional negotiated terms will take ated herein, provided that any ame ACTOR:  Date:	the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Department, or a later Contract or Amendment Start Date specified above, subject to any required contractor Certifications (incorporated by reference if not attached hereto) under the pains and support compliance, and agrees that all terms governing performance of this Contract and doing ling 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 anded RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AITHORIZING SIGNATURE FOR THE COMMONWEALTH:  X: Date:  (Signature and Date Must Be Handwritten At Time of Signature)  Print Title:
	Fax:  ents.)  ne option only) partment) budget) grants 815 CMR 2.00) porting documentation) ency, scope, budget) language/justification,  CONDITIONS (T&C) has been exe

(Updated 1/4/2018) Page 1

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www.mass.gov/osc under Guldance For Vendors - Forms_or www.mass.gov/	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs
CONTRACTOR LEGAL NAME;	MMARS Department Code: ELD
TOWN OF LEVERETT Legal Address: (W-9, W-4,T&C):	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
D MONTAGUE RD LEVERETT MA 01054-9725	(If differently
Contract Manager: Teresa Allen	Billing Address (if different):
E-Mail: lla@aux.umass.edu; coa@leverett.ma.us	Contract Manager: Stacey O'Connell
Phone: 413-548-1022 Fax:	E-Mail: Stacey.0'Conneil@MassMail.state.ma.us  Phanoid 647,322,7419  Fax: 1-617-727-9368
Contractor Vendor Code: VC6000191854	Priorie: Potr 2227410
Vendor Code Address ID (e.g. "AD001"); AD001.	MMARS Doc ID(s): FY18COALeverett00000
Note: The Address Id Must be set up for EFT payments.)	RFR/Procurement or Other ID Number: Grant Award
	CONTRACT AMENDMENT
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	Enter Current Contract End Date Prior to Amendment:, 20
Statewide Contract (OSD or an OSD-designated Department)	to a through the country to the coun
Language Marchann (Afford 1991) approval States Dubugu	AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	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)
1 A	Contract Employee (Attach any updates to scope or budget)  Legislative(Legal or Other; (Attach authorizing language/justification and updated scope
V Logicativelt enal or Other: (Attach authorizing language/justification,	
scope and budget	received filed with CTR and is incorporated by reference into this Contract.
The following COMMONWEALTH TERMS AND CONDITIONS (Tach) has a commonwealth Terms and Conditions Commonwealth Terms and Conditions	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.
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued the identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 10 d	on of this Contract (or new Total if Contract is being amenuely).   ### Total if Contract is being amenuely.  ###################################
Contract are attached and incorporated and this contract are attached and incorporated and this contract and terminate as of June 30th amended, provided that the terms of this Contract and performance expectations for completing any negotiated terms and warranties, to allow any close out or transfer.	1. 2018 with no new obligations being incurred after this data unless the Contact is proposed, and obligations shall survive its termination for the purpose of resolving any claim or dispute, and obligations shall survive its termination for the purpose of resolving any claim or dispute, said on performance, reporting, invoicing or final payments, or during any lapse between a strength or performance.
Amendment has been executed by an autotraced state of the attached approvals. The Contractor makes all certifications required under the attached penalties of perjury, agrees to provide any required documentation upon request business in Massachusetts are attached or incorporated by reference herein according to the instructions and Contract	as, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or a 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 it to support compliance, and agrees that all terms governing performance of this Contract and doing ording to the following hierarchy of document precedence, the applicable Commonwealth Terms and for Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, we precedence over the relevant terms in the RFR and the Contractor's Response only if made using mended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X:  (Signature and Date Must Be Handwritten At Time of Signature)  Print Name:  Print Title:
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www.mass.gov/osc under Guldance For Vendors - Forms_or www.mass.gov/osc	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs
CONTRACTOR LEGAL NAME.	MMARS Department Code: ELD
TOWN OF LEXINGTON	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
Legal Address: (W-9, W-4,T&C): 1625 MASSACHUSETTS AVE LEXINGTON MA 02420-3801	
Contract Manager: Charlotte Rodgers	Billing Address (if different):
E-Mail: crodgers@lexingtonma.gov	Contract Manager: Stacey O'Connell
	E-Mail: Stacey.O'Connell@MassMail.state.ma.us
Phone: 413-340-1022	Phone:1-617-222-7419 Fax: 1-617-727-9368
Contractor Vendor Code: V C 60 0 0 1 9 1 8 5 6	MMARS Doc ID(s): FY 18 CO A Lexing to #0000
Vendor Code Address ID (e.g. "AD001"): AD001.	RFR/Procurement or Other ID Number: Grant Award
Note: The Address Id Must be set up for <u>EFT</u> payments.)	CONTRACT AMENDMENT
X NEW CONTRACT	Enter Current Contract End Date <u>Prior to Amendment:</u> , 20
PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	or "no change")
Statewide Contract (OSD or an OSD-designated Department)	AMENDMENT TYPE: (Check one option only, Attach details of Amendment changes.)
Collective Purchase (Attach OSD approval, scope, budget)  Department Procurement (includes State or Federal grants 815 CMR 2.00)	Amandment to Scope or Budget (Attach updated scope and budget)
1 (August DED and Donnard of other producement supporting documentation)	Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Emarganou Contract (Attach highlication for emergency, Scope, budget)	
Contract Employee (Attach Employment Status Form, scope, budget)  X Legislative/Legal or Other: (Attach authorizing language/justification,	Legislative/Legal or Other: (Attach authorizing language/justilications and diputation assets)
scope and budget	and budget)
The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been exec	Sufed, filed with CTR and is incorporated by following the file of
	thorized performance accepted in accordance with the terms of this Contract will be supported does not not contract to intercept for Commonwealth owed debts under 815 CMR 9.00.
identify a PPD as follows: Payment issued within 10 days 3 A T S A agree to star 30 days % PPD. If PPD percentages are left blank, identify reason: X agree to star payment (subsequent payments scheduled to support standard EFT 45 day payment cyc BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDM the municipalities of the Commonwealth. The award amount is determined by a census-identified in the annually published COA Formula Grant Guide. The activity performance report accounting for how these grant funds were applied. Ongoing eligibility for formula ANTICIPATED START DATE: (Complete ONE option only) The Department and Cor 1. may be incurred as of 1. 20 , a date LATER than the Effective Date below X 3, were incurred as of 1. 20 , a date LATER than the Effective Date below Date are authorized to be made either as settlement payments or as authorized reimbur Contract are attached and incomprated into this Contract. Acceptance of payments fore	Igh EFT 45 days from invoice receipt. Contractors requesting accelerated payments must within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within address of all of the statutory/legal or Ready Payments (G.L. c. 29. § 23A); only initial cle. See Prompt Pay Discounts Policy.)  IENT: 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 a period for this award is 7/1/2016) – 6/30/2016. The municipality will complete a final fiscal grant funding is contingent on satisfactory prior year performance.  Intractor certify for this Contract, or Contract Amendment, that Contract obligations: ligations have been incurred prior to the Effective Date.  We and no obligations have been incurred prior to the Effective Date.  And the parties agree that payments for any obligations incurred prior to the Effective resement payments, and that the details and circumstances of all obligations under this ever releases the Commonwealth from further claims related to these obligations.
amended, provided that the terms of this Contract and performance expectations an for completing any negotiated terms and warranties, to allow any close out or transition.	nd obligations shall survive its termination for the purpose of resolving any claim of dispute, on performance, reporting, invoicing or final payments, or during any lapse between
Amendment has been executed by an authorized signatury of the contractor makes all certifications required under the attached copenalties of perjury, agrees to provide any required documentation upon request to penalties in Massachusetts are attached or incorporated by reference herein according to the standard Contract Form including the instructions and Contractor Contracts.	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 entractor Certifications (incorporated by reference if not attached hereto) under the pains and support compliance, and agrees that all terms governing performance of this Contract and doing not the following hierarchy of document precedence, the applicable Commonwealth Terms and Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, recedence over the relevant terms in the RFR and the Contractor's Response only if made using noded RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X:  Date:  (Signature and Date Must Be Handwritten At Time of Signature)

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www.mass.gov/osc_under <u>Guidance For Vendors - Forms_</u> or <u>www.mass.gov/osc_under</u>	d under OSD Forms.
www.mass.gov/dsc-uniter Subtance r or reviews  CONTRACTOR LEGAL NAME:	COMMONWEALTH DELACTIMENT
OWN OF LEYDEN	MMARS Department Code: ELD
<u>egal Address: (W-9, W-4,T&amp;C):</u> 6 W LEYDEN RD LEYDEN MA 01337-9737	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
6 W LEYDEN RD LEYDEN MA 0 1537-9737 Contract Manager: Gilda Galvis	Billing Address (if different):
Contract manager: Guida Galvis  E-Mail: captaingalvis@hotmail.com	Contract Manager: Stacey O'Connell
	E-Mail: Stacey.O'Connell@MassMail.state.ma.us
Phone: 781-698-4841  Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 5 7	Phone:1-617-222-7419 Fax: 1-617-727-9368
Contraction Venturi Code. V 5 5 5 5 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5	MMARS Doc ID(s): FY18COALeyden0000000
Note: The Address id Must be set up for EFT payments.)	RFR/Procurement or Other ID Number: Grant Award
Vendor Code Address ID (e.g. "AD001"): AD001.  Note: The Address Id Must be set up for EFT payments.)  X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only)  Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (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 the state accounting system by sufficient appropriations or other non-appropriated fur Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculation X Maximum Obligation Contract Enter Total Maximum Obligation for total duration 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 state payment (subsequent payments scheduled to support standard EFT 45 day payment or payment (subsequent payments scheduled to support standard EFT 45 day payment or payment (subsequent payments scheduled to support standard EFT 45 day payment or payment (subsequent payments scheduled to support standard EFT 45 day payment or payment (subsequent payments scheduled to support standard EFT 45 day payment or payment (subsequent payments scheduled to support standard EFT 45 day payment or payment (subsequent payments scheduled to support standard EFT 45 day payment or payment (subsequent payments scheduled to support standard EFT 45 day payment or payment (subsequent payments scheduled to support standard EFT 45 day payment or payment is payment in the annually published COA Formula Grant Guide. The activity performance report accounting for how these grant funds were applied. Ongoing eligibili	Enter Current Contract End Date Prior to Amendment:
1. may be incurred as of the Effective Date (latest signature date below) and no occur.  2. may be incurred as of	low and no obligations have been incurred prior to the Effective Date.  Iow and no obligations have been incurred prior to the Effective Date.  Iow and the parties agree that payments for any obligations incurred prior to the Effective Date.  In any obligations under this present payments, and that the details and circumstances of all obligations under this present payments.
Contract are attached and incorporated into this contract.  CONTRACT END DATE: Contract performance shall terminate as of amended, provided that the terms of this Contract and performance expectations are completing any negotiated terms and warranties, to allow any close out or transit	018 with no new obligations being incurred after this date unless the Contract is properly and obligations shall survive its termination for the purpose of resolving any claim or dispute, ion performance, reporting, invoicing or final payments, or during any lapse between
Amendment has been executed by all authorized spiritedly approvals. The Contractor makes all certifications required under the attached of periury, agrees to provide any required documentation upon request to business in Massachusetts are attached or incorporated by reference herein according to the latest of the contractor form including the Instructions and Contractor	the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or pepartment, or a later Contract or Amendment Start Date specified above, subject to any required 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 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 or over the relevant terms in the RFR and the Contractor's Response only if made using and the RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X: Date: 2 2 2 3 1.7  (Signature and Date Must Be Handwritten At Time of Signature)  Print Name: Print Title:





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www.mass.gov/osc under Guidance For Vendors - Forms_or www.mass.gov/ NTRACTOR LEGAL NAME:	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs  MMARS Department Code: ELD
VN OF LINCOLN	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
ial Address: <b>(W-9, W-4,T&amp;C)</b> : .INCOLN RD LINCOLN MA 01773-2009	
ntract Manager: Carolyn Bottum	Billing Address (if different):
#ail: bottumc@lincoIntown.org	Contract Manager: Stacey O'Connell
one: 413-773-7932 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us  Fiberord 647, 222,7419  Fax: 1-617-727-9368
ntractor Vendor Code: VC 6000191858	Priorie: 1-011-222-7-413
ndor Code Address ID (e.g. "AD001"): AD <u>001</u> .	MMARS Doc (D(s): FY18COALincoln000000
te: The Address Id Must be set up for EFT payments.)	RFR/Procurement or Other ID Number: Grant Award
	CONTRACT AMENDMENT
NEW CONTRACT ROCUREMENT OR EXCEPTION TYPE: (Check one option only)	Enter Current Contract End Date <u>Prior</u> to Amendment: 20
tatewide Contract (OSD or an OSD-designated Department)	Enter Amendment Amount: \$ (or "no change")
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Attach RFR and Response or other procurement supporting documentation)  Emergency Contract (Attach justification for emergency, scope, budget)	to a contract of the state of t
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A Legislativiscogar  Scope and budget  The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been expensed to the commonwealth Terms at	executed, filed with CTR and is incorporated by reference into this Contract.
The following Commonwealth Terms and Conditions Commonwealth Terms are	r 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.
Rate Contract (No Maximum Obligation, Autom Colling for total discrete	ations, conditions or terms and any changes it rates of terms are being amended). \$14,725.00
Rate Contract (No Maximum Obligation:  X Maximum Obligation Contract Enter Total Maximum Obligation for total duration  PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued to identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued of days % PPD. If PPD percentages are left blank, identify reason: X agree to payment (subsequent payments scheduled to support standard EFT 45 day payment payment payments and payment scheduled to support standard EFT 45 day payment better DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMEN BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMEN BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMEN BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMEN BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMEN BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMEN BRIEF DESCRIPTION OF CONTRACT PERFORMANCE OF REASON FOR AMEN BRIEF DESCRIPTION OF CONTRACT PERFORMANCE OF REASON FOR AMEN BRIEF DESCRIPTION OF CONTRACT PERFORMANCE OF REASON FOR AMEN BRIEF DESCRIPTION OF CONTRACT PERFORMANCE OF REASON FOR AMEN BRIEF DESCRIPTION OF CONTRACT PERFORMANCE OF REASON FOR AMEN BRIEF DESCRIPTION OF CONTRACT PERFORMANCE OF REASON FOR AMEN BRIEF DESCRIPTION OF CONTRACT PERFORMANCE OF REASON FOR AMEN BRIEF DESCRIPTION OF CONTRACT PERFORMANCE OF REASON FOR AMEN BRIEF DESCRIPTION OF CONTRACT PERFORMANCE OF REASON FOR AMEN BRIEF DESCRIPTION OF CONTRACT PERFORMANCE OF REASON FOR AMEN BRIEF DESCRIPTION OF CONTRACT PERFORMANCE OF REASON FOR AMEN BRIEF DESCRIPTION OF CONTRACT PERFORMANCE OF REASON FOR AMEN BRIEF DESCRIPTION OF CONTRACT PERFORMANCE OF REASON FOR AMEN BRIEF DESCRIPTION OF CONTRACT PERFORMANCE OF REASON FOR AMEN BRIEF DESCRIPTION OF CONTRACT PERFORMANCE OF REASON FOR AMEN BRIEF DESCRIPTION OF CONTRACT PERFORMANCE OF REASON FOR AMEN BRIEF DESCRIPTION OF CONTRACT PERFORMANCE OF REASON FOR AMEN BRIEF BRI	ations, conditions or terms and any changes it rates of terms are consistent or new Total if Contract is being amended). \$14,725.00  frough EFT 45 days from invoice receipt. Contractors requesting accelerated payments must need 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 t cycle. See Prompt Pay Discounts Policy.)  **DMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of sus-based allocation of available grant funding. Funds may support Council on Aging activities as sus-based allocation of available grant funding.
Rate Contract (No Maximum Obligation.  X Maximum Obligation Contract Enter Total Maximum Obligation for total duration.  PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued to 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 payment (subsequent payments scheduled to support standard EFT 45 day payment (subsequent payments scheduled to support standard EFT 45 day payment the municipalities of the Commonwealth. The award amount is determined by a centidentified in the annually published COA Formula Grant Guide. The activity performs report accounting for how these grant funds were applied. Ongoing eligibility for form	ations, conditions or terms and any changes it rates of terms are consistent or new Total if Contract is being amended). \$14,725.00  In ough EFT 45 days from invoice receipt. Contractors requesting accelerated payments must need 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 t cycle. See Prompt Pay Discounts Policy.)  INDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of sus-based allocation of available grant funding. Funds may support Council on Aging activities as ance period for this award is 7/1/2016 6/30/2018. The municipality will complete a final fiscal nula grant funding is contingent on satisfactory prior year performance.  Contractor certify for this Contract, or Contract Amendment, that Contract obligations:
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definitions, instructions and le	gal requirements that are incorporated by refere idance For Vendors - Forms_or www.mass.gov.	/osd under OSD Forms.
CONTRACTOR LEGAL NAME:		COMMONAVEREITI DEL FACTORE
CONTRACTOR LEGAL NAME: TOWN OF LITTLETON		MMARS Department Code: ELD
Lagal Address: (W-9, W-4.T&C):		Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
37 SHATTUCK ST LITTLETON MA 01460-1263 Contract Manager: Pamela Campbell		Billing Address (if different):
		Contract Manager: Stacey O'Connell
E-Mail: jgutner@littletonma.org	Fax:	E-Mail: Stacey.O'Conneil@MassMail.state.ma.us
Phone: 781-259-8811		Phone:1-617-222-7419 Fax: 1-617-727-9368
Contractor Vendor Code: V C 6 0 0 0 1	91809	MMARS Doc ID(s): FY18COALittleton0000
Vendor Code Address ID (e.g. "AD001	"): AD <u>001</u> .	RFR/Procurement or Other ID Number: Grant Award
Note: The Address Id Must be set up t	or <u>EFT</u> payments./	CONTRACT AMENDMENT
X NEW CONTRACT PROCUREMENT OR EXCEPTION TY Statewide Contract (OSD or an OSD-	designated Department)	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20  Enter Amendment Amount: \$, (or "no change")  AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)
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Contract Employee (Attach Employm	ch authorizing language/justification,	Legislative/Legal or Other: (Attach authorizing language) and an area and a second and a second area a
scope and budget		and budget) executed, filed with CTR and is incorporated by reference into this Contract. executed, filed with CTR and is incorporated by reference into this Contract. executed, filed with CTR and is incorporated by reference into this Contract.
X Commonwealth Terms and Cond	itionsCommonwealth Terms a	nd Conditions For Human and Social Services.
in the state accounting system by so Rate Contract (No Maximum Ot X Maximum Obligation Contract PROMPT PAYMENT DISCOUNTS identify a PPD as follows: Payment 30 days % PPD. If PPD percentages and the property systems of the property systems are property systems.	inigation. Attach details of all rates, units, calculating the control of the con	or authorized performance accepted in accordance with the terms of this Contract will be supported of 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.) ations of this Contract (or new Total if Contract is being amended). \$16,936.00  through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must used within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial int cycle. See Prompt Pay Discounts Policy.)  NDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of issue-based allocation of available grant funding. Furfactingly support Council on Aging activities as issue-based allocation of available grant funding.
the municipalities of the Commonwea	OA Formula Grant Guide. The activity performs	ance period for this award is //1/2016 F 6/30/2013 The management of salisfactory prior year performance.
report accounting for now these grant	tighted were applied the Department and	Contractor certify for this Contract, or Contract Amendment, that Contract obligations.
ANTICIPATED START DATE: (C	in Date (Intent signature date helow) and no	o obligations have been incurred <u>prior t</u> o the <u>Effective Date</u> .
ANTICIPATED START DATE: (Complete ONE option only) The Department of the Effective Date.  1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date.  2. may be incurred as of		
X 3, were incurred as of July 1s	er as settlement payments or as authorized rein	mbursement payments, and that the details and circumstances of all estigations.
2. may be incurred as of		
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Amendment has been executed: approvals. The Contractor maker penalties of perjury, agrees to pro business in Massachusetts are al Conditions, this Standard Contra and additional negotiated terms, the process outlined in 801 CMR AUTHORIZING SIGNATURE FO  X: (Signature and Date Must be I- Print Name:	s all certifications required under the attached by the any required documentation upon request tached or incorporated by reference herein according to the instructions and Contract provided that additional negotiated terms will taccording to the instructions and contract provided that additional negotiated terms will taccording to the instructions and contract provided that any appropriate the instructions are the instructions and contract the instruction and contract the in	ies, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or the Department, or a later Contract or Amendment Start Date specified above, subject to any required dontractor Certifications (incorporated by reference if not attached hereto) under the pains and st to support compliance, and agrees that all terms governing performance of this Contract and doing cording to the following hierarchy of document precedence, the applicable Commonwealth Terms and cording to the following hierarchy of document precedence, the applicable Commonwealth Terms and cording to the following hierarchy of document precedence, the applicable Commonwealth Terms and cording to the following hierarchy of document precedence, the applicable Commonwealth Terms and cording to the following hierarchy of document precedence, the applicable Commonwealth Terms and cording to the following hierarchy of document precedence, the applicable Commonwealth Terms and cording to the following hierarchy of document precedence, the applicable Commonwealth Terms and cording to the following hierarchy of document precedence, the applicable Commonwealth Terms and cording to the following hierarchy of document precedence, the applicable Commonwealth Terms and cording to the following hierarchy of document precedence, the applicable Commonwealth Terms and cording to the following hierarchy of document precedence, the applicable Commonwealth Terms and cording to the following hierarchy of document precedence, the applicable Commonwealth Terms and cording to the following hierarchy of document precedence, the applicable Commonwealth Terms and doing to the following hierarchy of document precedence, the applicable Commonwealth Terms and doing to the following hierarchy of the follo
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www.macc.gov/nsc.under.Gl	idence For Vendors - Forms or www.mass.gov/	osd under OSD Forms.
CONTRACTOR LEGAL NAME:		COMMONWEALTH DEPARTMENT MAINE.
TOWN OF LONGMEADOW		MMARS Department Code: ELD
Long Address: (W-9, W-4,T&C);		Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
20 WILLIAMS ST LONGMEADOW MA 01106-1997		Billing Address (if different):
Contract Manager: James Leyden		Contract Manager: Stacey O'Connell
E-Mail: jleyden@longmeadow.org	Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us
Phone: 413-565-4150		Phone:1-617-222-7419 Fax: 1-617-727-9368
Contractor Vendor Code: V C 6 0 0 0		MMARS Doc ID(s): FY18COALongmeadow000
Vendor Code Address ID (e.g. "AD00"	("); AD <u>001</u> .	RFR/Procurement or Other ID Number: Grant Award
Note: The Address Id Must be set up	for <u>EF1</u> payments.)	
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 615 CMR 2.00) Department Procurement (includes State or Federal grants 615 CMR 2.00) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach destilis of Amendment change) 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 For Human and Social Services. X_Commonwealth Terms on Contract appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. In the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. Rate Contract (No Maximum Obligation. Attach details of all rales, 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).  X_Maximum Obligation Contract_Enter Total Maximum Obligation for total duration of this Contract (or new Total If Contract is being amended).  X_Maximum Obligation Contract_Enter Total Maximum Obligation for total duration of this Contract (or new Total If Contract is being amended).  Y_Maximum Obligation Contract_Enter Total Maximum Obligation for total duration of this Contract (or new Total If Contract is being amended).  Y_Maximum Obligation Contract_Enter Total Maximum Obligation for total duration of this Contract (or new Total If Contract is being amended).  Y_Maximum Obligation Contract_Enter Total Maximum Obligation for tota		
the municipalities of the Commonwer identified in the annually published C report accounting for how these gran ANTICIPATED START DATE: (Co	CT PERFORMANCE of REASON FOR AMERICAL  A The award amount is determined by a cension  OA Formula Grant Guide. The activity performant  I funds were applied. Ongoing eligibility for format  omplete ONE option only) The Department and Co-  cective Date (latest signature date below) and no-  a date LATER than the Effective Date I	us-based allocation of available grant funding. Funds may support Council on Aging activities as us-based allocation of available grant funding. Funds may support Council on Aging activities as use-based allocation of available 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.
X 3. were incurred as of July 1st, 2017, a date PRIOR to the Effective Date below, and the parties agree that payments and payments in the details and circumstances of all obligations under this 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 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 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 Date are authorized to be made either as settlement payments or elaborated to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Date are authorized reimbursement payments, and that the details and circumstances of all obligations under this Date are authorized reimbursement payments, and that the details and circumstances of all obligations under this Date are authorized reimbursement payments, and that the details and circumstances of all obligations under this Date are authorized reimbursement payments, and that the details and circumstances of all obligations under this Date are authorized reimbursement payments, and that the details and circumstances of all obligations under this Date are authorized reimbursement payments, and that the details and circumstances of all obligations and that the details and circumstances of all obligations under this Date are authorized reimbursement payments, and that the details and circumstances of all obligations under this Date are authorized reimbursement payments, and that the details and circumstances of all obligations and that the details and circumstances of all obligations and that the details and circumstances of all obligations are all obligations and that the details and		
amendments.  CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment Start Date specified above, subject to any required Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required 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 documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing penalties of perjury, agrees to provide the pains and agrees that all terms governing performance of this Contract and doing penalties of perjury, agrees to provide the penalties of perjury agrees		

(Updated 1/4/2018) Page 1

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	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs		
CONTRACTOR LEGAL NAME: CITY OF LOWELL	COMMONWEALTH DEPARTMENT NAME: Executive Office of Edge Atlans  MMARS Department Code: ELD		
Legal Address; (W-9, W-4,T&C):	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108		
375 MERRIMACK ST LOWELL MA 01852-5909	Billing Address (if different):		
Contract Manager: Michelle Ramalho	Contract Manager: Stacey O'Connell		
E-Mail: mramalho@ci.lowell.ma.us	E-Mail: Stacey.O'Connell@MassMail.state.ma.us		
Phone: 413-565-4150 Fax:	Phone:1-617-222-7419 Fax: 1-617-727-9368		
Contractor Vendor Code: V C 6 0 0 0 1 9 2 1 0 8	MMARS Doc ID(s): FY18COALoweII0000000		
Vendor Code Address ID (e.g. "AD001"): AD001.			
Note: The Address ld Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award  CONTRACT AMENDMENT		
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only)  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 exceptions.	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20  Enter Amendment Amount: \$ (or "no change") <u>AMENDMENT TYPE</u> : (Check one option only. Attach details of Amendment changes.) <u>Amendment to Scope or Budget</u> (Attach updated scope and budget) <u>Interim Contract</u> (Attach justification for Interim Contract and updated scope/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)		
X Commonwealth Terms and ConditionsCommonwealth 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). \$147,440.00  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 (yote. See Priniph ay Discounts 1 distribute a formula grant award to the Councils on Aging of the BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging activities the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Fulfill the municipality will complete a final fiscal identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/20167-6/30/20167. 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:			
Date are authorized to be made either as settlement payments or as authorized reinbower 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, 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 require approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains an approvals. The Contractor makes all certification required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and dole 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 dole penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract or Response Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (			
Print Name: Keyin Murphy Print Title: City Mahasev	Print Name: Print Title: Print		

(Updated 1/4/2018) Page 1

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Carrier C	legal requirements that are incorporated by reserving ance. For Vendors - Forms or www.mass.go	v/osd under OSD Forms.
definitions, instructions and legal requirements that are interpolated by the www.mass.gov/osc under Guidance For Vendors - Forms_or www.mass.gov/osc		COMMONWEALTH DEF ANGINE
CONTRACTOR LEGAL NAME: TOWN OF LUDLOW		MMARS Department Code: ELD
Legal Address: (W-9, W-4,T&C):		Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
488 CHAPIN ST LUDLOW MA 01056-2523		Billing Address (if different):
Contract Manager: Jodi Zepke		Contract Manager: Stacey O'Connell
E-Mail: jzepke@ludlow.ma.us	<b>I-</b>	F-Mail: Stacey,O'Connell@MassMail.state.ma.us
Phone: 978-970-4131	Fax:	Phone:1-617-222-7419 Fax: 1-617-727-9368
Contractor Vendor Code: V C 6 0 0 0		MMARS Doc ID(s): FY18COALudiow0000000
Vendor Code Address ID (e.g. "AD00	1"): AD <u>001</u> .	RFR/Procurement or Other ID Number: Grant Award
Note: The Address Id Must be set up	for EFT payments.)	CONTRACT AMENDMENT
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ANTICIPATED START DATE: (C	Complete ONE option only) The Department and	of the Complete Property of the Effective Date.
1. may be incurred as of the Ef 2. may be incurred as of X_3. were incurred as ofJuly 1	flective Date (latest signature date below) and II _, 20 , a date LATER than the <u>Effective Date I</u> st. 2017, a date PRIOR to the <u>Effective Date I</u> her as pattement payments or as authorized rei	to below and no obligations have been incurred prior to the Effective Date.  below, and the parties agree that payments for any obligations incurred prior to the Effective below, and the parties agree that payments for any obligations incurred prior to the Effective below, and the parties agree that payments and that the details and circumstances of all obligations under this impursement payments, and that the details and circumstances of all obligations under this
Date are authorized to be made entire as sectionally appropriate of payments forever releases the Commonwealth from further claims release.  Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims release to the Contract is properly contract and incorporated into this Contract is properly contract END DATE: Contract performance shall terminate as of June 30th, 2018 with no new obligations being incurred after this date unless the Contract is properly dispute, amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any lapse between the contract is properly dispute, and		
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This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guid

CONTRACTOR LEGAL NAME: TOWN OF LUNENBURG	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs  MMARS Department Code: ELD		
	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108		
Legal Address: (W-9, W-4,T&C): 17 MAIN ST LUNENBURG MA 01462-1484	Dustriess Maining Address: 1 Ashburton 1 total 100 in 0 11 june 100 in 0 1		
Contract Manager: Susan Doherty	Billing Address (if different):		
E-Mail: sdoherty@lunenburgonline.com	Contract Manager: Stacey O'Conneil		
Phone: 413-583-3564 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us		
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 6 3	Phone:1-617-222-7419 Fax: 1-617-727-9368		
<u>Vendor Code Address ID (</u> e.g. "AD001"): AD <u>001</u> .	MMARS Doc ID(s): FY18COALunenburg0000		
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 <u>Prior</u> to Amendment:, 20  Enter Amendment Amount: \$ (or "no change")		
Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget)	AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)		
Department Procurement (includes State or Federal grants 815 CMR 2.00)	Amendment to Scope or Budget (Attach updated scope and budget)		
(Attach RFR and Response or other procurement supporting documentation)	Interim Contract (Attach justification for Interim Contract and updated scope/budget)		
Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget)	Contract Employee (Attach any updates to scope or budget)		
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	cuted, filed with CTR and is incorporated by reference into this Contract.		
X Commonwealth Terms and Conditions Commonwealth Terms and Commonwea	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). \$20,428,00			
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 issue			
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds 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 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 Com	tractor certify for this Contract, or Contract Amendment, that Contract obligations:		
1, may be incurred as of the Effective Date (latest signature date below) and no obli-	gations have been incurred <u>prior</u> to the <u>Effective Date</u> .		
2. may be incurred as of, 20, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date.  X 3. were incurred as of, 20, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.			
CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process cuttined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X:			

(Updated 1/4/2018) Page 1

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

CONTRACTOR LEGAL NAME: TOWN OF LYNNFIELD	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs  MMARS Department Code: ELD		
<u>Legal Address:</u> ( <b>W-9, W-4,T&amp;C):</b> 55 SUMMER ST LYNNFIELD MA 01940-1861	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108		
Contract Manager: Linda Naccara	Billing Address (if different):		
E-Mail: Inaccara_coa@hotmail.com	Contract Manager: Stacey O'Connell		
Phone: 781-586-8503 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us		
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 6 5	Phone:1-617-222-7419 Fax: 1-617-727-9368		
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COALynnfield0000		
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	outed, 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). \$27,092.00  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. Fundamentally 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—6/30/2012 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:			
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:			

(Undated 1/4/2018) Page 1

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CONTRACTOR LEGAL NAME:	COMMONWEALTH DEPARTMENT NAME: Excedite Office		
OWN OF HAMILTON	MMARS Department Code: ELD		
Legal Address: (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: V C 6 0 0 0 1 9 1 8 1 4	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): FY 18 COA Hamilton 00000		
Note: The Address Id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award		
	CONTRACT AMENDMENT		
X NEW CONTRACT	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20		
PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	Enter Amendment Amount: \$ (or "no change")		
Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget)	AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)		
Department Procurement (includes State or Federal grants 815 CWR 2,00)	Amendment to Scope or Budget (Attach updated scope and budget)		
(Attach REP and Response or other procurement supporting documentation)	Interim Contract (Attach justification for Interim Contract and updated scope/budget)		
Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget)	a Continue (Attach any undates to scope or hudget)		
X Legislative/Legal or Other: (Attach authorizing language/justification,	Legislative/Legal or Other: (Attach authorizing language/justilication and updated scope		
scope and budget	and budget)		
scope and budget  The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been exe  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. 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 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 10 days % PPD; Payment issu			
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:			
Date are authorized to be made either as settlement payments or as authorized reimbu	w, and the parties agree that payments to any congateric to billipations under this present payments, and that the details and circumstances of all obligations under this preservelesses the Commonwealth from further claims related to these obligations.		
Contract are attached and incorporated into this Contract. Acceptance of payments officed received with no new obligations being incurred after this date unless the Contract is properly CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or 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 penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing penalties of perjury, agrees to provide document the provided by reference hereto, under the pains and agrees that all terms governing performance of this Contract and doing penalties of perjury, agrees that all terms governing performance of this Contract of this Contract of this Contract of the penalties of perjury, agrees that all terms governing performance of this Contract			

(Updated 1/4/2018) Page 1

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

www.mass.gov/osc under Guidalice Por ver	INVESTIGATION OF WAREHOUSE OF	COMMONITE NUMBER OF THE PROPERTY OF THE PROPER	MANE: Evecutive Office of Elder Affaire	
CONTRACTOR LEGAL NAME: CITY OF MALDEN		MMARS Department Code: ELD	NAME: Executive Office of Elder Affairs	
			burton Place Room 517, Boston, MA 02108	
<u>Legal Address</u> : (W-9, W-4,T&C): 200 PLEASANT ST MALDEN MA 02148-4884				
Contract Manager: Karen Hayes		Billing Address (if different):		
E-Mail: khayes@cityofmalden.org			Contract Manager: Stacey O'Connell	
Phone: 781-598-1078	Fax:	E-Mail: Stacey.O'Connell@MassMa		
Contractor Vendor Code: V C 6 0 0 0 1 9 2 1 1 0		Phone:1-617-222-7419	Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.		MMARS Doc ID(s): FY 18 COAM		
Note: The Address ld Must be set up for <u>EFT</u> paymer	nts.)	RFR/Procurement or Other ID Numl		
X NEW CONTRACT		<u> </u>	TRACT AMENDMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check on		Enter Current Contract End Date <u>Prior</u> to Amendment:, 20  Enter Amendment Amount: \$ (or "no change")		
Statewide Contract (OSD or an OSD-designated Dep	arlment)	Enter Amendment Amount: \$	(or "no change") ption only. Attach details of Amendment changes.)	
Collective Purchase (Attach OSD approval, scope, but Department Procurement (includes State or Federal (	rants 815 CMR 2.00)	Amendment to Scope or Budget (A	ption only. Attach details of American changes.)  Itach indated scope and hidnet	
(Attach RFR and Response or other procurement supp	orting documentation)		for Interim Contract and updated scope/budget)	
Emergency Contract (Affach justification for emerger Contract Employee (Affach Employment Status Form	icy, scope, budget)	Contract Employee (Attach any upd	ates to scope or budget)	
X Legislative/Legal or Other: (Attach authorizing la	nguage/justification,	Legislative/Legal or Other: (Altach a	authorizing language/justification and updated scope	
scope and hudget		and budget)		
The following COMMONWEALTH TERMS AND CO X Commonwealth Terms and Conditions	ONDITIONS (T&C) has been ex Commonwealth Terms an	recuted, filed with CTR and is incorpora d Conditions For Human and Social Service	ned by reference into this Contract. Ces.	
OMPENSATION: Check ONE option: The Department Setting State of the Inches and Polyments and Polyments and Polyments and Polyments and Polyments and Polyments of 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). \$95,390.00  PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: X. agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)  BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula-grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Furtificially 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 1. July 1st, 2017, a date			is being amended). \$95.390.00  Contractors requesting accelerated payments must used within 20 days % PPD; Payment issued within leady Payments (G.L. c. 29, § 23A); only initial as a formula-grant award to the Councils on Aging of ing. Furthernay support Council on Aging activities as 1/201. The municipality will complete a final fiscal my prior year performance.  In Amendment, that Contract obligations:  Effective Date.  In a prior to the Effective Date.  In a prior	
CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.				
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains 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 aid Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X:				

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www.mass.gov/osc under Guidance For Ve	HUUIS - MOITIS OF WWW. MISSS YOV.	COMMONISTALTICA	COADTMENT NAME.	Executive Office of Elder Affairs
CONTRACTOR LEGAL NAME: TOWN OF MANCHESTER		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs  MMARS Department Code: ELD		
l egal Address: (W-9, W-4,T&C):		Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108		
10 CENTRAL ST MANCHESTER MA 01944-1399		Billing Address (if diff	ferent):	
Contract Manager: Nancy Hammond			Contract Manager: Stacey O'Connell	
E-Mail: hammondn@manchester.ma.us	Fax:	1	nell@MassMail.state.r	ma.us
Phone: 978-526-7500	rax.	Phone:1-617-222-7419		Fax: 1-617-727-9368
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 6 6		Access to the same of the same	Y18COAManche	ester000
Vendor Code Address ID (e.g. "AD001"): AD <u>001.</u> Note: The Address Id Must be set up for <u>EFT</u> payme	ents.)		Other ID Number: Gran	<del></del>
		IVIAI COULTAINING		AMENDMENT
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check or	ne option only)	Enter Current Contrac	t End Date <u>Prior</u> to Am	
Statewide Contract (OSD or an OSD-designated De		Enter Amendment Amount: \$ (or "no change")		
Collective Purchase (Attach OSD approval, scope, b	udget)	AMENDMENT TYPE:	(Check one option onl	ly. Attach details of Amendment changes.)
Denartment Procurement (Includes State of Federal	grants 815 CMR 2.00)	Amendment to Scope	e or Budget (Atlach upd	dated scope and budget)
(Attach RFR and Response or other procurement sup Emergency Contract (Attach justification for emerge	ncy, scope, budget)	Interim Contract (Atta	ich justification for Interir	m Contract and updated scope/budget)
Contract Employee (Attach Employment Status For	n, scope, budget)	Contract Employee (/	Attach any updates to so	cope or budget)  ng language/justification and updated scope
X Legislative/Legal or Other: (Attach authorizing l		and hudget\		
scope and budget The following COMMONWEALTH TERMS AND C	ONDITIONS (T&C) has been ex	ecuted, filed with CTR an	d is incorporated by re	eference into this Contract.
X_Commonwealth Terms and Conditions	Commonwealth Terris and	Conditions to theman an	A COOKA COTTOOL	
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). \$13,913.05  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 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 15 days % PPD; Payment issued within 15 days % PPD; Payment issued within 16 days % PPD; Payment issued within 17 days % PPD; Payment issued within 18 days from invoice receipt. Contractors requesting a ccelerated payments such within 10 days % PPD; Payment issued within 16 days % PPD; Payment issued within 18 days from invoice receipt. Contractors requesting a ccelerated payments (Lice Lice Lagrange and Lag				
X 3. were incurred as of July 1st, 2017, a date	PRIOR to the Effective Date belo	w, and the parties agree on	at the details and circun	nstances of all obligations under this
Date are authorized to be made either as settlement payments or as authorized reintolated reintolated real attached and Incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.  CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, involcing or final payments, or during any lapse between amendments.				
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract 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 approvals. The Contractor makes all certifications required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and period period period period of the contractor certifications. The contract period document precedence, the applicable Commonwealth Terms under the following hierarchy of document precedence, the applicable Commonwealth Terms of Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contractor Certifications.  X:			e if not attached hereto) under the pains and verning performance of this Contract and doing ence, the applicable <u>Commonwealth Terms and</u> or other solicitation, the Contractor's Response, d the Contractor's Response only if made using lower costs, or a more cost effective Contract.	

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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 GSD Forms.

CONTRACTOR LEGAL NAME:	Isd under USU FORMS.	
	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
TOWN OF MANSFIELD	MMARS Department Code: ELD	
Legal Address: (W-9, W-4,T&C): 10 PLYMOUTH ST MANSFIELD MA 02048-2033	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Debra Surprenant	Billing Address (if different):	
E-Mail: dsurprenant@mansfieldma.com	Contract Manager: Stacey O'Connell	
Phone: 978-526-7500 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 6000191867	Phone:1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc (D(s): FY18COAMansfield0000	
Note: The Address id Must be set up for EFT payments.)	RFR/Procurement or Other ID Number: Grant Award	
	CONTRACT AMENDMENT	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	Enter Current Contract End Date Prior to Amendment:, 20	
Statewide Contract (OSD or an OSD-designated Department)	Enter Amendment Amount: \$ . (or "no change")	
Collective Purchase (Attach OSD approval, scope, budget)	AMENDMENT TYPE: (Check one option only, Attach details of Amendment changes.)	
Department Procurement (includes State or Federal grants 815 CWR 2.00)	Amendment to Scope or Budget (Attach updated scope and budget)	
(Attach RFR and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget)	Interim Contract (Attach justification for Interim Contract and updated scope/budget)	
Contract Employee (Affach Employment Status Form, scope, budget)	Contract Employee (Attach any updates to scope or budget) Legislative/Legal or Other: (Attach authorizing language/justification and updated scope	
X Legislative/Legal or Other: (Attach authorizing language/justification,	and hydret)	
scope and budget The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been exe	ocuted filed with CTR and is incorporated by reference into this Contract.	
Y Commonwealth Terms and ConditionsCommonwealth Terms and	Conditions For Human and Social Services.  uthorized performance accepted in accordance with the terms of this Contract will be supported under subject to intercept for Commonwealth owed debts under 815 CMR 9.00.	
Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations, continuous of relief and only outlaged.  X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$23,979.54  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/-6/30/2019. 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:		
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www.mass.gov/osc_under_Guidalice Foi Velidors - Forms_or www.mass.gov/o	CONTROL THE DEPARTMENT NAME, Franchis Office of Cidar Affaire	
CONTRACTOR LEGAL NAME: OWN OF MARBLEHEAD	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs  MMARS Department Code; ELD	
	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
<u>_egal Address:</u> (W-9, W-4,T&C): 88 WASHINGTON ST MARBLEHEAD MA 01945-3341		
Contract Manager: Lisa J. Hooper	Billing Address (if different):	
-Mail: councilonaging@marblehead.org	Contract Manager: Stacey O'Connell	
Phone: 508-261-7368 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 6 8	<u>Phone</u> :1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COAMarblehead000	
Note: The Address Id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award	
X NEW CONTRACT	CONTRACT AMENDMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20	
Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget)	Enter Amendment Amount: \$ (or "no change")  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 RER and Response or other procurement supporting documentation)	Interim Contract (Attach justification for Interim Contract and updated scope/budget)	
Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget)	Contract Employee (Attach any 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 The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been exe	and budget)	
The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been exe X_Commonwealth Terms and ConditionsCommonwealth 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). \$47.724.00  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 Cor	ntractor certify for this Contract, or Contract Amendment, that Contract obligations:	
4 may be incurred as of the Effective Date (latest signature date below) and no ob	igations have been incurred <u>prior to</u> the <u>Effective Date</u> .	
	ow and no chinations have been incurred prior to the <u>througe pare</u> .	
Date are authorized to be made either as settlement payments or as authorized reinbursement payments, and that the dotters and check the contract. Acceptance of payments forever releases 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.		
amondments		
Amendment has been executed by an authorized signatory of the Contractor, the De approvals. The Contractor makes all certifications required under the attached Co penalties of perjury, agrees to provide any required documentation upon request to subusiness in Massachusetts are attached or incorporated by reference herein according Conditions, this Standard Contract Form including the Instructions and Contractor Conditions.	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 naturator 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 ag 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, eccedence over the relevant terms in the RFR and the Contractor's Response only if made using ded RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X: Date: Date: Date: Authorize of Signature  Print Name: Print Title:	

(Update 1/4/2018) Page 1

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

www.mass.gov/osc_under Guidance For Vendors - Forms_or www.mass.gov/o	osd under OSD Forms.		
CONTRACTOR LEGAL NAME:	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs		
OWN OF MARION	MMARS Department Code: ELD		
<u>egal Address</u> : (W-9, W-4,T&C): SPRING ST MARION MA 02738-1519	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108		
Contract Manager: Karen Gregory	Billing Address (if different):		
E-Mail: kgregory@marionma.gov	Contract Manager: Stacey O'Connell		
Phone: 781-631-6737 Fax:	E-Mail: Stacey,O'Connell@MassMail.state.ma.us		
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 6 9	Phone:1-617-222-7419 Fax: 1-617-727-9368		
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY 18 COAMarion 0 0 0 0 0 0 0		
Note: The Address Id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award		
	CONTRACT AMENDMENT		
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	Enter Current Contract End Date <u>Prior</u> to Amendment, 20		
Statewide Contract (OSD or an OSD-designated Department)	Enter Amendment Amount: \$, (or "no change")		
Collective Purchase (Attach OSD approval, scope, budget)	AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)		
Department Procurement (includes State or Federal grants 815 CMR 2.00)	Amendment to Scope or Budget (Attach updated scope and budget)		
(Attach RFR and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget)	Interim Contract (Attach justification for Interim Contract and updated scope/budget)		
Contract Employee (Attach Employment Status Form, scope, budget)	Contract Employee (Attach any updates to scope or budget)  Legislative/Legal or Other: (Attach authorizing language/justification and updated scope		
X Legislative/Legal or Other: (Attach authorizing language/justification,	Legislative/Legal or Other: (Attach authorizing language/justilication and updated cooperand budget)		
scope and budget  The following <u>COMMONWEALTH TERMS AND CONDITIONS</u> (T&C) has been exc	cuted, filed with CTR and is incorporated by reference into this Contract.		
X Commonwealth Terms and ConditionsCommonwealth 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). \$13,939,00  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: A suprementative See Prompt Pay Discounts Policy.)			
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report accounting for how these grant funds were applied. Originity for formula grant under grant unde			
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this cented of ordered as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date.  1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date.			
2. may be incurred as of, 20 , a date LATER than the <u>Effective Date</u> below, and the parties agree that payments for any obligations incurred 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> below, and the parties agree that payments for any obligations incurred 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> below and the parties agree that payments for any obligations incurred 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> below and the parties agree that payments for any obligations incurred 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> below and the parties agree that payments for any obligations incurred 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> below and the parties agree that payments for any obligations incurred 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> below and the payments for any obligations incurred prior to the <u>Effective Date</u> below and the payments for any obligation incurred prior to the <u>Effective Date</u> below and the payments agree that payments for any obligation incurred prior to the <u>Effective Date</u> below and the payments for any obligation incurred prior to the <u>Effective Date</u> below and the payments for any obligation incurred prior to the <u>Effective Date</u> below and the payments for any obligation incurred prior to the <u>Effective Date</u> below and the payments for any obligation incurred prior to the <u>Effective Date</u> below and th			
Contract are attached and incorporated into this Contract. Acceptance of payments love in reasonable of the contract is properly			
CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 with no new obligations shall survive its termination for the purpose of resolving any daim or dispute, amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any daim or dispute,			
for completing any negotiated terms and warranties, to allow any close out of translation performance, reporting, arriving or many performance, reporting or m			
amendments.	the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or		
Amendments.  CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment 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 approvals. The Contractor makes all certifications required under the attached Contractor Certifications, and agrees that all terms governing performance of this Contract and doing penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, (RFR) or other solicitation, the Contractor's Response, Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response only if made using 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 and additional negotiated terms, provided that additional negotiated terms will take precedence terms result in hest value, lower costs, or a more cost effective Contract.			
the control of the goal CMD 24.07 incorporated herein info/med that ally different N to Negoting to the control of the control			
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  V. HANNIA (ROY)  Date: 2-26-18		
X: Date: 1/6/18. (Signature and Date Must Be Handwriften At Time of Signature)	(Signature and Date Must Be Handwritten At Time of Signature)		
Print Name: Paul F. Dawson	Print Name: Print Title:		
Print Title: Town Administrates			

(Updated 1/4/2018) Page 1

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www.mass.gov/osc under Guidance For Vendors - Forms_or www.mass.gov/o	sd under OSD Forms.	
CONTRACTOR LEGAL NAME:	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Arialis	
ITY OF MARLBOROUGH	MMARS Department Code: ELD	
<u>egal Address</u> : ( <b>W-9, W-4,T&amp;C):</b> 40 MAIN ST MARLBOROUGH MA 01752-3812	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Patricia (Trish) Pope	Billing Address (if different):	
E-Mail: ppope@marlborough-ma.gov	Contract Manager: Stacey O'Connell	
Phone: 508-748-3570 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 2 1 1 2	Phone:1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY 18 C O A Mariborough 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	CONTRACT AMENDMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20	
Statewide Contract (OSD or an OSD-designated Department)	Enter Amendment Amount: \$ (or "no change")	
Collective Purchase (Attach OSD approval, scope, budget)	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)  Legislative/Legal or Other: (Attach authorizing language/justification and updated scope	
X Legislative/Legal or Other: (Attach authorizing language/justification,	and hydret)	
scope and budget  The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been exe	cuted, filed with CTR and is incorporated by reference into this Contract.	
X Commonwealth Terms and ConditionsCommonwealth Terms and	Objetitorio i di Fizimenti di Co	
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report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contract, or Contract Amendment, that Contract obligations:  ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:		
ANTICIPATED START DATE: (Complete UNE option only) The Department and Contractor Gray for this Contractor of the Effective Date.		
ANTICIPATED START DATE. (Complete Order operation) 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 under this 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 Date are authorized to be made either as settlement payments for any or releases the Commonwealth from further claims related to these obligations.		
Contract are attached and incorporated into this Contract. Acceptance of payments forever received and incorporated into this contract is properly		
CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 with no new obligations being intuited after this date this date the detail of the contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, 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		
for completing any negotiated terms and warranties, to allow any close out or transiti	on performance, reporting, invoicing of linar payments, of during any rapes sources,	
amendments.	Contract or Amondment shall be the latest date that this Contract or	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the Distriction of the Contractor, the Distriction of the Contractor of the	epartment, or a later Contract or Amendment Start Date specified above, subject to any required	
Amendment has been executed by an authorized signatory of the contractor, the beparations of a data of the professional fine attached herein) under the pains and		
penalties of perjury, agrees to provide any required documentation upon request to support companies to support suppor		
husiness in Massachusetts are attached or incomporated by reference field according to the contractor's Response,		
and additional negotiated terms of covided that additional negotiated terms will take p	Certifications, the Request for Response (RTR) of other solutions.  Tecedence 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 affect	recedence over the relevant terms in the RTV value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:	
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	AUTHORIZING SIGNATORE FOR THE COMMONWEST	
V. NA A (ME) Date: 1/8//-	X: Jate:	
(Signature and Date Must Be Handwritten At Time of Signature)	(Signature and Date Must Be Handwritter At Time of Signature)	
Print Name: Arthur Vulcant	Print Name:	
Print Title: Mayor	runt rate.	

(Updated 174/2018) 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.

	Guidance For Vendors - Forms of www.mass.uow	COMMISSION DEDARTS AND DEDARTS AND	NT NAME: Executive Office of Elder Affairs
CONTRACTOR LEGAL NAME: TOWN OF MARSHFIELD		MMARS Department Code: ELD	
Legal Address: (W-9, W-4,T&C):	20050 2400	Business Mailing Address: 1 A	shburton Place Room 517, Boston, MA 02108
870 MORAINE ST MARSHFIELD MA ( Contract Manager: Carol C. Hamilton		Billing Address (if different):	•
		Contract Manager: Stacey O'Co	onnell
E-Mail: Marshcoa@comcast.net	Fax:	E-Mail: Stacey.O'Connell@Mass	
Phone: 508-485-6492 Contractor Vendor Code: V C 6 0 0 0		Phone:1-617-222-7419	Fax: 1-617-727-9368
		MMARS Doc ID(s): FY18CO	AMarshfield000
Vendor Code Address ID (e.g. "ADD Note: The Address Id Must be set up	o for FFT payments.)	RFR/Procurement or Other ID N	
	<u> </u>		DNTRACT AMENDMENT
X NEW CONTRACT PROCUREMENT OR EXCEPTION 1	TYPE: (Check one option only)		Prior to Amendment:, 20
Statewide Contract (OSD or an OSI	O-designated Department)	Enter Amendment Amount: \$	(or "no change")
Callandina Durchaga (Attach OSD at	noroval, scope, budget)	AMENDMENT TYPE: (Check on	e option only. Attach details of Amendment changes.)
Properties and Description of findudes	State or Federal grants 815 CMR 2.00)	Amendment to Scope or Budge	t (Attach updated scope and budget)
(Attach RFR and Response or other Emergency Contract (Attach justific	procurement supporting documentation)	Interim Contract (Attach justifical	tion for Interim Contract and updated scope/budget)
Contract Employee (Attach Employ	ment Status Form, scope, budget)	Contract Employee (Attach any	updates to scope or budget) ich authorizing language/justification and updated scope
X Legislative/Legal or Other: (At	tach authorizing language/justification,	and hudget)	
scope and budget	TERMS AND CONDITIONS (T&C) has been ex	ecuted, filed with CTR and is incorp	porated by reference into this Contract.
X Commonwealth Terms and Con	ditionsCommonwealth Terms and	Conditions For Fidinal and Social S.	coordance with the terms of this Contract will be supported wealth owed debts under 815 CMR 9.00.
in the state accounting system by sufficient appropriations or other non-appropriate units, subject to miscipal to the state accounting system by sufficient appropriations or other non-appropriate units, subject to miscipal to the state accounting system by sufficient appropriations or other non-appropriate units, subject to miscipal to the state accounting system by sufficient appropriations or other non-appropriate units, subject to miscipal to the subject to miscipal to th			
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ANTICIPATED START DATE: (C	complete ONE option only) The Department and Co	ontractor certify for this Contract, or Co	Muaca Amendment, that constact obligations.
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:			
CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 with no new obligations being intended and activation and claim or 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 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			
Amendment has been executed I approvals. The Contractor make penalties of perjury, agrees to probusiness in Massachusetts are at Conditions, this Standard Contral and additional negotiated terms, the process outlined in 801 CMR  AUTHORIZING SIGNATURE FOR	by an authorized signatory of the Contractor, the contractor, the sail certifications required under the attached or solvide any required documentation upon request to tached or incorporated by reference herein accord to Form including the Instructions and Contractor provided that additional negotiated terms will take 2/107, incorporated herein, provided that any amount the CONTRACTOR:  Date: 2 1/1/1	ontractor Certifications (incorporated support compliance, and agrees that ling to the following hierarchy of docu Certifications, the Request for Response dence over the relevant terms in anded RFR or Response terms result in AUTHORIZING SIGNATURE	t or Amendment shall be the latest date that this Contract or endment Start Date specified above, subject to any required by reference if not attached hereto) under the pains and t all terms governing performance of this Contract and doing ment precedence, the applicable Commonwealth Terms and onse (RFR) or other solicitation, the Contractor's Response, at the RFR and the Contractor's Response only if made using in best value, lower costs, or a more cost effective Contract.  E FOR THE COMMONWEALTH:  Date:  Date:  Le Handwritten At Time of Signature)

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

WWW, III ass. gowose under Odiabilee Fel Feligere	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
CONTRACTOR LEGAL NAME: TOWN OF MASHPEE	MMARS Department Code: ELD	
Legal Address: (W-9, W-4,T&C):	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
16 GREAT NECK RD N MASHPEE MA 02649-2528  Contract Manager: Lynne Waterman	Billing Address (if different):	
Contract Manager: Lyrine waterman  E-Mail: lwaterman@mashpeema.gov	Contract Manager: Stacey O'Connell	
	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
<u>Phone</u> : 781-834-5581	Phone:1-617-222-7419 Fax: 1-617-727-9368	
	MMARS Doc ID(s): FY18COAMashpee000000	
<u>Vendor Code Address ID (</u> e.g. "AD001"): AD <u>001</u> .  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 Englishtive/Legal or Other: (Attach authorizing language/justification and updated scope and budget)	
The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been exe X Commonwealth Terms and Conditions Commonwealth Terms and	OOHARIONO 1 OF FACILIZATION CONTROL OF THE CONTROL	
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). \$42,395.48  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 - 6/30/2016 Tile prunicipality 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 Contrac		
CONTRACT END DATE: Contract performance shall terminate as or <u>sune sorth, zo to</u> with no new obligations of the purpose of resolving any claim or 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 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		
Amendment has been executed by an authorized signatory of the contractor, are of approvals. The Contractor makes all certifications required under the attached Copenalties of perjury, agrees to provide any required documentation upon request to business in Massachusetts are attached or incorporated by reference herein according to Conditions, this Standard Contract Form including the Instructions and Contractor (Conditions).	the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or 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 not the following hierarchy of document precedence, the applicable Commonwealth Terms and Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, recedence over the relevant terms in the RFR and the Contractor's Response only if made using inded RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  ANTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X: Date:  X: Csignature and Date Must Be Handwritter At Time of Signature)  Print Name:  Print Title:	

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

CONTRACTOR LEGAL NAME: TOWN OF MATTAPOISETT		COMMONWEALTH DEPART MMARS Department Code:	MENT NAME: Executive Office of Elder Affairs ELD
<u>Legai Address:</u> ( <b>W-9, W-4,T&amp;C</b> ): PO BOX 433 MATTAPOISETT MA 02739-0433		Business Mailing Address:	1 Ashburton Place Room 517, Boston, MA 02108
Contract Manager: Jacqueline Coucci		Billing Address (if different):	
E-Mail: coadirector@mattapoisett.net		Contract Manager: Stacey C	P'Connell
Phone: 508-758-4100	Fax:	E-Mail: Stacey.O'Connell@f	NassMail,state.ma.us
Contractor Vendor Code: VC6000191873		Phone:1-617-222-7419	Fax: 1-617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD001.	**************************************	MMARS Doc ID(s): FY 18 C	OAMattapolsett0
Note: The Address Id Must be set up for EFT payme	nts.)	RFR/Procurement or Other II	an and the street and an extension of the street and the street an
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. LegislativefLegal 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 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 tunds, subject to intercept for Commonwealth over debis under 815 CMR 9.00. Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or lemms 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). \$15,492.42  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 15 days % PPD; Payment issued within 20 days within 20 d			
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 forgot 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. It funds may support Council on Aging activities as identified in the annually published COA Formula Grant Gulde. 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 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 864 CMR 21.07 incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X:			

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www.mass.gowosc under guidance i or ven	dolo i dillo di mitti madella i		Francisco Office of Elder Affeire
CONTRACTOR LEGAL NAME: TOWN OF MAYNARD		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs  MMARS Department Code: ELD	
<u>Legal Address: (W-9, W-4,T&amp;C):</u> 195 MAIN ST MAYNARD MA 01754-2537		Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Amy Loveless		Billing Address (if different):	
E-Mail: aloveless@townofmaynard.net		Contract Manager: Stacey O'Conneil	
	Fax:	E-Mail: Stacey.O'Connell@MassMail.state.	ma.us
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 7 4		Phone:1-617-222-7419	Fax: 1-617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD001.		MMARS Doc ID(s): FY18COA Mayna	rd000000
Note: The Address Id Must be set up for <u>EFT</u> paymer	its.)	RFR/Procurement or Other ID Number: Gra	
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 At 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
The following COMMONWEALTH TERMS AND CO X Commonwealth Terms and Conditions	NDITIONS (T&C) has been exe Commonwealth Terms and	cuted, filed with CTR and is incorporated by a Conditions For Human and Social Services.	reference into this Contract.
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated 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). \$18,263.67  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.)			
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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 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 upon the process outlined in 801 CMR21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contractor Signature and Date Must Be Handwritten At Time of Signature)  Print Name:    Date:   - 10 - 1		ce if not attached hereto) under the pains and overning performance of this Contract and doing tence, the applicable <u>Commonwealth Terms and</u> or other solicitation, the Contractor's Response, not the Contractor's Response only if made using to lower costs, or a more cost effective Contract.  COMMONWEALTH:  Date:  Date:  The At Time of Signature)	

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www.mass.gov/osc under Guidance For Vendors - Forms\_or www.mass.gov/osd under OSD Forms. COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs CONTRACTOR LEGAL NAME: MMARS Department Code: ELD TOWN OF MEDFIELD Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108 <u>Legal Address:</u> (**W-9, W-4,T&C):** 159 MAIN ST MEDFIELD MA 02052-2009 Billing Address (if different): Contract Manager: Roberta Lynch Contract Manager: Stacey O'Connell E-Mail: medfieldcoa@hotmail.com E-Mail: Stacey.O'Connell@MassMail.state.ma.us Fax: Phone: 978-897-1009 Fax: 1-617-727-9368 Phone: 1-617-222-7419 Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 7 6 MMARS Doc ID(s): FY18COAMedfield00000 Vendor Code Address ID (e.g. "AD001"): AD<u>001</u>. RFR/Procurement or Other ID Number: Grant Award Note: The Address Id Must be set up for EFT payments.) CONTRACT AMENDMENT X NEW CONTRACT . 20 Enter Current Contract End Date Prior to Amendment: PROCUREMENT OR EXCEPTION TYPE: (Check one option only) \_. (or "no change") Enter Amendment Amount: \$\_ Statewide Contract (OSD or an OSD-designated Department) AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes State or Federal grants 815 CMR 2.00) Amendment to Scope or Budget (Attach updated scope and budget) (Attach RFR and Response or other procurement supporting documentation) Interim Contract (Attach justification for Interim Contract and updated scope/budget) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach any updates to scope or budget) Contract Employee (Attach Employment Status Form, scope, budget) Legislative/Legal or Other: (Attach authorizing language/justification and updated scope X Legislative/Legal or Other: (Attach authorizing language/justification, and budget) The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract. scope and budget Commonwealth Terms and Conditions For Human and Social Services. X Commonwealth Terms and Conditions COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$19,493.73 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 stant 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 76/30/2016. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance. ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: \_1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date. , a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date. X 3. were incurred as of July 1st, 2017, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations. CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or 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: <u>AUTHORIZING SIGNATURE FOR THE CONTRACTOR:</u> pate: \_\_\_\_\_ of Signature) Date:\_ -Date:<u>/ /</u>-S (Signature and Date Must Be Handwritten At Time (Signature and Date Must Be Handwritten At Time of Signature) onke SLULLIUÁN DISTRATOR Print Name: Print Name MICHAEL Print Title: Print Title: TOWN

(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/osd under OSD Forms.

		COMMONWEALTH DEPARTME	ENT NAME: Executive Office of Elder Affairs
CONTRACTOR LEGAL NAME: CITY OF MEDFORD		MMARS Department Code: EL	D
<u>Legal Address:</u> (W-9, W-4,T&C): 85 GEORGE P HASSETT DR MEDFORD MA 02155-3200		Business Mailing Address: 1.	Ashburton Place Room 517, Boston, MA 02108
85 GEORGE P HASSETT DR MEDFORD MA 02193-3200 Contract Manager: Pamela Keliy		Billing Address (if different):	
Contract Manager: Pameia Keriy  E-Mail: pkelly@medford-ma.gov		Contract Manager: Stacey O'C	
Phone: 508-359-3665	Fax:	E-Mail: Stacey.O'Connell@Ma	
Contractor Vendor Code: V C 6 0 0 0 1 9 2 1 1 4	<u> </u>	Phone:1-617-222-7419	Fax: 1-617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD001.		MMARS Doc ID(s): FY18CC	AMedford000000
Note: The Address id Must be set up for EFT payme	ents.)	RFR/Procurement or Other ID	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only)  Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget  The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been 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 the non-appropriate of this Contract is being amended.)  Enter Current Contract End Date Prior to Amendment:		te <u>Prior</u> to Amendment:	
Rate Contract (No Maximum Obligation. Attach details of all rates, timits, calculations, continuous of the Contract (or new Total if Contract is being amended). \$102,146.67    No. Maximum Obligation Contract   Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$102,146.67    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 formular grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Fundamy support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2016 6/30/20 the nunicipality 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:			
amendments.  CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment Start Date specified above, subject to any required Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required 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 documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing penalties of perjury, agrees to provide any required under the primacy of document precedence, the applicable Commonwealth Terms and business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and business in Massachusetts are attached or incorporated by reference			

(Updated 1/4/2018) Page 1

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

CONTRACTOR LEGAL NAME: FOWN OF MEDWAY	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs  MMARS Department Code: ELD	
Legal Address: (W-9, W-4,T&C): 155 VILLAGE ST MEDWAY MA 02053-1147	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Courtney Riley	Billing Address (if different):	
E-Mail: Criley@townofmedway.org	Contract Manager: Stacey O'Connell	
Phone: 781-396-6010 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 7 7	Phone:1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COAMedway000000	
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 will be supported  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). \$19,108.48  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 7/1/2015 - 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 cutlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X:		

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

CONTRACTOR LEGAL NAME:			COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs		
TOWN OF MENDON			MMARS Department Code: ELD		
<u>Legal Address:</u> ( <b>W-9, W-4,T&amp;C)</b> : PO BOX 2 MENDON MA 01756-0002		Business Mailing	Address: 1 Ashburton	Place Room 517, Boston, MA 02108	
Contract Manager: Amy Wilson Kent		Billing Address (if	different):		
E-Mail: AWiisonKent@mendonma.gov		Contract Manager	: Stacey O'Connell		
Phone: 781-665-4304	Fax:	E-Mail: Stacey.0'	Connell@MassMail.state	a.ma.us	
Contractor Vendor Code: VC6000191878		Phone:1-617-222-1	7419	Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.		MMARS Doc ID(s)	FY18COAMend	on 0 0 0 0 0 0 0	
Note: The Address Id Must be set up for <u>EFT</u> payme	nts.)	RFR/Procurement	or Other ID Number: Gr	rant 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)		Enter Amendment  AMENDMENT TYP  Amendment to Sc	tract End Date <u>Prior</u> to A Amount: \$ <u>PE</u> : (Check one option o ope or Budget (Attach u	TAMENDMENT Amendment:, 20 (or "no change") only. Attach details of Amendment changes.) updated scope and budget) onm Contract and updated scope/budget)	
Emergency Contract (Attach justification for emerger Contract Employee (Attach Employment Status Form X Legislative/Legal or Other: (Attach authorizing la scope and budget	, scope, budget) anguage/justification,	Contract Employe Legislative/Legal of and budget)	e (Attach any updates to or Other: (Attach authoriz	scope or budget) zing language/justification and updated scope	
The following COMMONWEALTH TERMS AND CO X Commonwealth Terms and Conditions	ONDITIONS (T&C) has been ex Commonwealth Terms an	cecuted, filed with CTR d Conditions For Human	and is incorporated by and Social Services.	reference into this Contract.	
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated 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). \$9,108.00  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 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 10 days % PPD; Payment issued within 15 d					
30 days % PPD. If PPD percentages are left blank, payment (subsequent payments scheduled to support	identify reason: <u>X</u> agree to st standard EFT 45 day payment o	tandard 45 day cycle st cycle. See <u>Prompt Pay D</u>	tatutory/legal or Ready Pa iscounts Policy.)	ayments (G.L. c. 29, § 23A); only initial	
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2016 – 6/30/2017. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.					
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:					
1. may be incurred as of the Effective Date (latest signature date below) and no obligations 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 Contract or Amendment shall be the latest date that this Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 2101 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: AUTHORIZING SIGNATURE FOR THE CONTRACTOR:  X: AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X: AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X: AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  Print Name:  Print Name:  Print Title:  Print Title:  Print Title:  Print Title:  Print Title:					

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CONTRACTOR LEGAL NAME:	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
CONTRACTOR LEGAL NAME. CITY OF METHUEN	MMARS Department Code: ELD	
Legal Address: (W-9, W-4,T&C): 11 PLEASANT ST METHUEN MA 01844-3179	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
11 PLEASANT ST METHUEN MA 01044-3179  Contract Manager: Corinne LaCharite	Billing Address (if different):	
E-Mail: cclacharite@ci.methuen.ma.us	Contract Manager: Stacey O'Connell	
Phone: 978-346-9549 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 8 1	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): FY18COAMethuen000000	
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)	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)	
Emergency Contract (Attach justification for emergency, scope, budget)  Contract Employee (Attach Employment Status Form, scope, budget)  X Legislative/Legal or Other: (Attach authorizing language/justification,	Contract Employee (Attach any updates to scope or budget)  Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)	
A Constitution ocale: 1 contra anne a contra	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. 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 requesting accelerated payments must		
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from Invoice tecapt. Contractors requested within 10 days % PPD; Payment issued within 15 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.i. 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 that provide the municipality will complete a final fiscal identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2016—6/30/2016—10 municipality will complete a final fiscal identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2016—10 minute performance.		
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:		
Date are authorized to be made either as settlement payments or as authorized remindrements payments, and that 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, 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 approvals. The Contractor makes all certifications required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing penalties of perjury, agrees to provide documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing penalties of perjury, agrees to provide documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing penalties of perjury, agrees to provide documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing penalties of perjury, agrees to provide documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing penalties of perjury, agrees to provide documentation upon request to support compliance, and agrees that all terms governing performance of this Contract of the following hierarchy of document precedence, the applications of the following hierarchy of document precedence, the agreement of the following hierarchy o		

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www.mass.gov/osc under Guidance For Vendors - Forms_or www.mass.gov/o	SO UNION OCCUPANTAL DEPARTMENT HAME, Franchis Office of Elder Affeirs	
CONTRACTOR LEGAL NAME:	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
TOWN OF MIDDLEBOROUGH	MMARS Department Code: ELD	
Legal Address: (W-9, W-4,T&C): 20 CENTRE ST MIDDLEBORO MA 02346-2270	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Andrea Priest	Billing Address (if different):	
E-Mail: aprst@middleborough.com	Contract Manager: Stacey O'Connell	
Phone: 978-983-8825 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 8 2	<u>Phone</u> :1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COAMiddleborough	
Note: The Address Id Must be set up for EFT payments.)	RFR/Procurement or Other ID Number: Grant Award	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only)  Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes State or Federal grants §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) 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 total duration of this Contract (or New Yola' in Contract is seeing directors).  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 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 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 the municipality will complete a final fiscal		
identified in the annually published COA Formula Grant Guide. The activity performance period in this during its contingent on satisfactory prior year performance.  report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.  ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:  1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date.  2. may be incurred as of, 20, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date.  X 3. were incurred as of, 207, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective D		
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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract 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 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 documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and business in Massachusetts are attached or incorporated by reference herein according to the following hierar		

(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/o	so under <u>USD Forms</u> .	
CONTRACTOR LEGAL NAME: FOWN OF MIDDLEFIELD	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs  MMARS Department Code: ELD	
Legal Address: (W-9, W-4,T&C): 188 SKYLINE TRL MIDDLEFIELD MA 01243-9800	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
88 SKYLINE TRE MIDDLEFIELD MIX 01243-9800  Contract Manager; Judith Hoag	Billing Address (If different):	
E-Mail: Judy@judeart.us	Contract Manager: Stacey O'Connell	
Phone: 508-946-2490 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 8 3	Phone:1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COAMiddlefield00	
Note: The Address Id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award	
	CONTRACT AMENDMENT	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20,	
Statewide Contract (OSD or an OSD-designated Department)	Enter Amendment Amount: \$, (or "no change")	
Collective Purchase (Attach OSD approval, scope, budget)	AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)	
Department Procurement (includes State or Federal grants 815 CMR 2.00) (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 (Atlach 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 (Attach any updates to scope or budget)  Legislative/Legal or Other: (Attach authorizing language/justification and updated scope	
seens and hudget	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. 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 must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 10 days % PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle 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. Europe 100 The municipality will complete One of the activity performance period for this award is 7/1/2016 Telegrapy 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 Telegrapy 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 Telegrapy support Council on Aging activities as identified in the annually published COA Formu		
CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 with no new obligations being incurred after this date thiess life contract as 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 Der approvals. The Contractor makes all certifications required under the attached Contractor penalties of perjury, agrees to provide any required documentation upon request to subusiness in Massachusetts are attached or incorporated by reference herein according Conditions, this Standard Contract Form including the instructions and Contractor Contr	e "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or partment, or a later Contract or Amendment Start Date specified above, subject to any required tractor Certifications (incorporated by reference if not attached hereto) under the pains and approx 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 printifications, the Request for Response (RFR) or other solicitation, the Contractor's Response ordernce over the relevant terms in the RFR and the Contractor's Response only if made using ed 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:	

(Updated 1/4/2018) Page 1

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www.mass.gov/osc under Guidance For Vendors - Points of www.mass.gov/o.	33 dillor Scot Fords.
CONTRACTOR LEGAL NAME:	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs  MMARS Department Code: ELD
Legal Address: (W-9, W-4,T&C):	Business Malling Address: 1 Ashburton Place Room 517, Boston, MA 02108
2 MAIN ST MILFORD MA 01757-2611 Contract Manager: Susan Clark	Billing Address (if different):
Contract Managet, Susan Olark E-Mail: sclark@townofmilford.com	Contract Manager: Stacey O'Connell
	E-Mail: Stacey.O'Connell@MassMail.state.ma.us
Phone: 978-777-4067 Fax: Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 8 5	Phone;1-617-222-7419 Fax: 1-617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS DociD(s): FY18COAMIIford000000
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 315 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 COMMONNAIEALTH TERMS AND CONDITIONS (T&C) has been exec	cuted, filed with CTR and is incorporated by reference into this Contract.  Conditions For Human and Social Services.
in the state accounting system by sufficient appropriations or other non-appropriated fur  Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculation  X. Maximum Obligation Contract. Enter Total Maximum Obligation for total duration of  PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through the percentages are left blank identify reason: X agree to star	of this Contract (or new Total if Contract is being amended). \$49,703.00  igh EFT 45 days from invoice receipt. Contractors requesting accelerated payments must within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within adard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial
the municipalities of the Commonwealth. The award amount is determined by a census- identified in the annually published COA Formula Grant Guide. The activity performance report accounting for how these grant funds were applied. Ongoing eligibility for formula	IEMT: This contract is to locally distribute a formula grant award to the Councils on Aging of based allocation of available grant funding. Funds in an experience of a support Council on Aging activities as period for this award is 7/1/2016 6/30/2016. The founding its confingent on satisfactory prior year performance.
ANTICIPATED START DATE: (Complete ONE option only) The Department and Con	tractor certify for this Contract, or Contract Amendment, that Contract obligations:
1. may be incurred as of the <u>Effective Date</u> (latest signature date below) and <u>no</u> oblined the latest signature date below <u></u>	igations have been incurred <u>prior</u> to the <u>Effective Date</u> .  by 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> sement payments, and that the details and circumstances of all obligations under this  yer releases the Commonwealth from further claims related to these obligations.
CONTRACT END DATE: Contract performance shall terminate as of <u>June 30th, 20</u> amended, provided that the terms of this Contract and performance expectations and for completing any negotiated terms and warranties, to allow any close out or transition amendments.	18 with no new obligations being incurred after this date unless the contract is properly dobligations shall survive its termination for the purpose of resolving any claim or dispute, in performance, reporting, invoicing or final payments, or during any lapse between
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, it Amendment has been executed by an authorized signatory of the Contractor, the De approvals. The Contractor makes all certifications required under the attached Corpenalties of perjury, agrees to provide any required documentation upon request to s business in Massachusetts are attached or incorporated by reference herein according Conditions, this Standard Contract Form including the Instructions and Contractor Contract	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 hiractor Certifications (incorporated by reference if not attached hereto) under the pains and upport compilance, and agrees that all terms governing performance of this Contract and doing g to the following hierarchy of document precedence, the applicable Commonwealth Terms and ertifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, eccedence over the relevant terms in the RFR and the Contractor's Response only if made using ded RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTIORIZING SIGNATURE FOR THE COMMONWEALTH:  X: Date: Date: Date: Print Name: Print Name: Print Titte:

(Updated 1/4/2018) Page 1

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CONTRACTOR LEGAL NAME: TOWN OF MILLBURY	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
<u>Legal Address:</u> ( <b>W-9, W-4,T&amp;C)</b> : PO BOX 267 MILLBURY MA 01527-0267	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Judith A. O'Connor	Billing Address (if different):	
E-Mail: joconnor@townofmillbury.net	Contract Manager: Stacey O'Connell	
Phone: 508-473-8334 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 8 6	Phone:1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY 18 COA Millbury 00000	
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) 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 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.). \$28,071.99  PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued within 10 days % PPD; Payment issued within 10 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 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. Fundationally 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:		
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 over the relevant terms in the RFR and the Contractor's Response over the relevant terms in the RFR and the Contractor's Response over the relevant terms in the RFR and the Contractor's Response over the relevant terms in the RFR and the Contractor's Response over the relevant terms in the RFR and the Contractor's Response over the relevant terms in the RFR and the Contractor's Response over the relevant terms in the RFR and the Contractor's Response over the relevant terms in the RFR and the Contractor's Response over the relevant terms in the RFR and the Contractor's Response over the relevant terms in the RFR and the Contractor's Response over the relevant terms in the RFR and the Contractor's Response.  **X**  **X**  **PRINTALE**  **X**  **DATE: **DATE: **DATE: **DATE: **DATE: **DATE: **DATE: **DATE: **DATE: *		

(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 Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guid

www.mass.gov/osc under Guidance For Vendors - Forms_or www.mass.gov/osc	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
CONTRACTOR LEGAL NAME:		
OWN OF MILLIS	MMARS Department Code: ELD	
<u>egal Address:</u> ( <b>W-9, W-4,T&amp;C):</b> 00 MAIN ST MILLIS MA 02054-1512	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Patty Kayo	Billing Address (if different):	
E-Mail: pkayo@millis.net	Contract Manager: Stacey O'Connell	
Phone: 508-865-9154 Fax:	E-Majl: Stacey,O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 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): FY18COAMillis0000000	
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 8 15 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) Contract Employee (Attach justification for emergency, scope, budget) X Legislative/Legal or Other: (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 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 Contract Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended.) X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended.)  PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payment susued within 10 days % PPD; Payment issued within 10 days % PPD; Payment issued within 10 days % PPD; Payment issued within 10 days % PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle. See Prompt Pay Discounts Policy.)		
the municipalities of the Commonwealth. The award amount is determined by a cersus-based allocation of available grant is 71/9016 1 630/2018. The municipality will complete a final fiscal		
report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent or extended, property of the Contract Amendment, that Contract obligations:  ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:  1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date.  2. may be incurred as of, 20 , a date LATER than the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date below.		
Date are authorized to be made either as settlement payments or as authorized reintorized reintorized to be made either as settlement payments for a substitution of the 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 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 description in the contractor of this Contract and doing penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing penalties of perjury, agrees to provide descriptions of the penalties of perjury, agrees to provide descriptions of the penalties of perjury, agrees to provide descriptions of the penalties of perjury, agrees to provide descriptions of the penalties of perjury, agrees to provide descriptions of the penalties of the penaltie		

(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 Guldance For Vendors - Forms or www.mass.gov/osc under OSD Forms.

www.mass.gov/osc under Guid	lance For Venuois - Fullis of www.mass.gov/se	OCCUPATION AT THE DEDAID	MENT NAME: Executive Office of Elder Affairs
CONTRACTOR LEGAL NAME: TOWN OF MILLVILLE		MMARS Department Code:	ELD
Lenal Address: (W-9, W-4,T&C):		Business Mailing Address:	1 Ashburton Place Room 517, Boston, MA 02108
PO BOX 703 MILLVILLE MA 01529-0703		Billing Address (if different	
Contract Manager: Jill Anderson			
E-Mail: sr.center@millvillema.org		Contract Manager: Stacey	
Phone: 508-376-7051	Fax:	E-Mail: Stacey.O'Connell@	Fax: 1-617-727-9368
Contractor Vendor Code: V C 6 0 0 0 1	91888	Phone:1-617-222-7419	
Vendor Code Address ID (e.g. "AD001"		MMARS Doc ID(s): FY18	
Note: The Address ld Must be set up fo	F EFT payments.)	RFR/Procurement or Other	
X NEW CONTRACT			CONTRACT AMENDMENT
PROCUREMENT OR EXCEPTION TYPE	돈: (Check one option only)	Enter Current Contract End	Date <u>Prior</u> to Amendment:, 20
Statewide Contract (OSD or an OSD-d	esignated Department)	Enter Amendment Amount	(or "no change")
To the diam to washington (Attach OSD anno	oval scone. DUDDEU	AMENDMENT TYPE: (Chec	k one option only. Attach details of Amendment changes.)
Department Procurement (Includes Sta (Attach RFR and Response or other pro	ate or Federal grants 815 CMIN 2.00)	Amendment to Scope or B	udget (Attach updated scope and budget) tification for Interim Contract and updated scope/budget)
1 Progresses Contract /Attach justificati	on for emergency, scope, budgecy	Interim Contract (Attach Jus	BICATION for Interim Contract and updated coopers—544
A where the layer /Attach Employme	at Status Form, <b>scope, budgeu</b>	Contract Employee (Allaci	any updates to scope or budget) _(Attach authorizing language/justification and updated scope
X_Legislative/Legal or Other: (Attack	n authorizing language/justilication,	1 and Europeat	
scope and budget	RMS AND CONDITIONS (T&C) has been exe	cuted, filed with CTR and is i	ncorporated by reference into this Contract.
I W Commonwealth Large and Confills	Und - Cottlittottercontri como ana	<b></b>	t in accordance with the terms of this Contract will be supported improved the supported provided the supported that is a supported that is a supported provided the supported that is a s
identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 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 30 days % PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29. § 23A); only initial 30 days % PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29. § 23A); only initial 30 days % PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29. § 23A); only initial 30 days % PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29. § 23A); only initial 30 days % PPD. Payment is such as the standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29. § 23A); only initial 30 days % PPD. Payment such as the standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29. § 23A); only initial 30 days % PPD. Payment 20 days and the profice of Ready Payments (G.L. c. 29. § 23A); only initial 30 days % PPD. Payment 20 days and the profit of Ready Payments (G.L. c. 29. § 23A); only initial 30 days % PPD. Payment 20 days and the payments and circumstance in the Councils on Aging of Ready Payments (G.L. c. 29. § 23A); only initial 30 days % PPD. Payment 20 days and the payment in the Effective Date below, and the payment 20 days day payment 20 days day payment 20 days day payment 20 days days days days days days days days			
V 3 mare incurred as of July 1st.	2017, a date PRIOR to the Litective Date Date	مطلعه طفل المطلع الماري إلى	datalic and circumstances of all obligations under INS
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 under this 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 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 Date are authorized to be made either as settlement payments for ever 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, 2018 with no new obligations being incurred after this date unless the Contract is properly dispute, amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, 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 Start Date specified above, subject to any required			
Amendment has been executed by approvals. The Contractor makes a penalties of perjury, agrees to providuals in Massachusetts are attact.	an authorized signatury of the contactor, and certifications required under the attached Code early required documentation upon request to the dor incorporated by reference herein according the instructions and Contractor wided that additional negotiated terms will take provided that any amendation of the CONTRACTOR:    Date:     Date:   CONTRACTOR:   Date:   Date	ontractor Certifications (Incorpor support compliance, and agree ing to the following hierarchy of Certifications, the Request for precedence over the relevant to inded RFR or Response terms in AUT/ORIZING SIGN.	in act of Afficiation and the commonwealth activities and the commonwealth and the commonwealth and the contract and doing document precedence, the applicable Commonwealth Terms and Response (RFR) or other solicitation, the Contractor's Response, rms in the RFR and the Contractor's Response only if made using esult in best value, lower costs, or a more cost effective Contract.  ATURE FOR THE COMMONWEALTH:  Date:  Date:  On the contract of the
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(Updated 1/1/2018) Page 1

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

CONTRACTOR LEGAL NAME:		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	
525 CANTON AVE MILTON MA 02186-3240		Billing Address (if different):	
Contract Manager: Mary Ann Sullivan		Contract Manager: Stacey O'Connell	
E-Mail: masullivan@townofmilton.org	Fax:	E-Mail: Stacey.O'Connell@MassMail.s	ate.ma.us
Phone: 508-883-3523 Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 8 9	rex.	Phone:1-617-222-7419	Fax: 1-617-727-9368
		MMARS Doc ID(s): FY18COAMilt	on0000000
<u>Vendor Code Address ID (</u> e.g. "AD001"):    AD <u>001</u> . Note: The Address Id Must be set up for <u>EFT</u> payme	nte \	RFR/Procurement or Other ID Number:	
			CT AMENDMENT
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check on	e option only)	Enter Current Contract End Date Prior	
Statewide Contract (OSD or an OSD-designated Dep		Enter Amendment Amount: \$	
Collective Purchase (Attach OSD approval, scope, but	udget)	AMENDMENT TYPE: (Check one option only, Attach details of Amendment changes.)	
Department Procurement (includes State or Federal (Attach RFR and Response or other procurement support of the Procurement Support Office Support of the Procurement Support Office Support Offi	grants 815 CMR 2.00)	Amendment to Scope or Budget (Attac	
Emergency Contract (Attach justification for emerger	ncy, scope, budget)		nterim Contract and updated scope/budget)
Contract Employee (Attach Employment Status Form	, scope, budget)	Contract Employee (Attach any updates	to scope or budget) orizing language/justification and updated scope
X Legislative/Legal or Other: (Attach authorizing & scope and budget	anguage/justracation,	and budget)	District and appeared Soope
The following COMMONWEALTH TERMS AND CO	ONDITIONS (T&C) has been ex	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.)  X Maximum Obligation Contract. Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended.).  \$\frac{\$5,707.00}{\$}\$  PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through \$\frac{\text{ET}}{2}\$ 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: \( \text{X} \) agree to standard 45 day cycle statutory/legal or Ready Payments (\( \text{G.L. c. 29. \) 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See \( \text{Prompt Pay Discounts Policy.} \)			
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. Fund final 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.			The municipality will complete a final fiscal for year performance.
ANTICIPATED START DATE: (Complete ONE opti	ion only) The Department and Co	entractor certify for this Contract, or Contract A	mendment, that Contract obligations:
1. may be incurred as of the Effective Date (lates)	t signature date below) and <u>no</u> of	oligations have been incurred prior to the Effe	ctive Date.
1. may be incurred as of the			ior to the Effective Date.  obligations incurred prior to the Effective roumstances 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 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 at 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 and Date Must Be Handwritten At Time of Signature)  Print Name:  Print Title:  Print Title:  Print Title:  Print Title:  Print Title:  Print Title:		start Date specified above, subject to any required rence if not attached hereto) under the pains and a governing performance of this Contract and doing cedence, the applicable <u>Commonwealth Terms and R</u> ) or other solicitation, the Contractor's Response, and the Contractor's Response only if made using lue, lower costs, or a more cost effective Contract.  HE COMMONWEALTH:  Date:  Date:	
		(A)	

(Update**d 1/4**/2018) Page 1

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

www.mass.gov/osc under Guidance For Vendors - Forms_or www.mass.gov/osc	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
CONTRACTOR LEGAL NAME:	MMARS Department Code: ELD	
OWN OF MONSON	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Legal Address: (W-9, W-4,T&C): 10 MAIN ST MONSON MA 01057-1348	Dushicss mailing reduces.	
Contract Manager: Lori Stacy	Billing Address (if different):	
Contract manager, Lon Gazy  E-Mail: Istacy@monson-ma.gov	Contract Manager: Stacey O'Connell	
Phone: 617-898-4893 Fax:	E-Mail: Stacey.O'Conneil@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 9 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): FY18COAMonson0000000	
Note: The Address Id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award	
	CONTRACT AMENDMENT	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20	
Statewirte Contract (OSD or an OSD-designated Department)	Enter Amendment Amount: \$ . (or "no change")	
Callertine Burchase (Attach OSD approval, scope, budget)	AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)	
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)	Amendment to Scope or Budget (Attach updated scope and budget)	
Emergancy 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,	and hudget)	
scope and budget The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed the conditions of the conditions and the conditions are conditions.	cuted, filed with CTR and is incorporated by reference into this Contract.	
Y Commonwealth Terms and ConditionsCommonwealth Terms and Conditions	Conditions For Human and Social Services.  Ithorized performance accepted in accordance with the terms of this Contract will be supported subject to intercept for Commonwealth owed debts under 815 CMR 9.00.	
in the state accounting system by sufficient appropriations or other for appropriations, conditions, conditions or terms and any changes if rates or terms are being amended.)  Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)  X Maximum Obligation Contract. Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended.).  Yellow Province of the Contract of the Con		
Contract are attached and incorporated into this Contract. Acceptance of payments torever releases the Contract are attached and incorporated into this Contract is properly CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, 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		
Amendment has been executed by an authorized signatory of the Contractor, the Do approvals. The Contractor makes all certifications required under the attached Co penalties of perjury, agrees to provide any required documentation upon request to subusiness in Massachusetts are attached or incorporated by reference herein according to Conditions, this Standard Contract Form including the Instructions and Contractor Conditions.	the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or 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 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 ided 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 Tirks of Signature)  Print Name:  Print Title:	
Print Title: Town Ham 1765 Water	Time ride.	
	TO 2 1 1	

(Updated 4/4/2018) Page 1

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CONTRACTOR LEGAL NAME:	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
TOWN OF MONTAGUE	MMARS Department Code: ELD	
Legal Address: (W-9, W-4,T&C): 1 AVENUE A TURNERS FALLS MA 01376-1128	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: 413-267-4121 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 9 3	Phone:1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc (D(s): FY18 COAMontague 00000	
Note: The Address Id Must be set up for EFT payments.)	RFR/Procurement or Other ID Number: Grant Award	
X NEW CONTRACT	CONTRACT AMENDMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	Enter Current Contract End Date <u>Prior to Amendment:, 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)	The state of the s	
Emergency Contract (Attach justification for emergency, scope, budget)	interim contract (Atlacti Justilication to interim contract and appared seeps ages)	
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 budget)	
The following COMMONWEALTH TERMS AND CONDITIONS (TAC) has	as been executed, filed with CTR and is incorporated by reference into this Contract.  n Terms and Conditions For Human and Social Services.	
COMPENSATION: (Check ONE option): The Department certifies that paym	yments for authorized performance accepted in accordance with the terms of this Contract will be supported propriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.	
I Date Control (No Maximum Obligation Attach details of all rates units	its calculations conditions of terms and any changes it fales of terms are being americad.)	
X Maximum Obligation Contract Enter Total Maximum Obligation for total	otal duration of this Contract (or new 1 otal if Contract is being amended). \$10,004,00	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are is	s issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must	
Light a DDD on follows: Dormont iccord within 10 date: % PPUP Paymont issued within 10 days: % FFD, Faynori issued white 20 days.		
30 days % PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)		
This contract is to locally distribute a form@agrant award to the Councils on Aging of		
the control of Agent and the Commonwealth. The extend entered to determined by a conclus-based allocation of Ayallabig Citati binding. Fulles that support Council of Ayallabig determined to		
identified in the annually published COA Formula Grant Guide. The activity published coach accounting for how these grant funds were applied. Organize eligibility	performance period for this award is 7/1/2016 - 6/30/2012 The municipality will complete a final fiscal by for formula grant funding is contingent on satisfactory prior year performance.	
report accounting for now these grant turids were applied. Origining engineers	nent and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:	
1. may be incurred as of the <u>Effective Date</u> (latest signature date below):	and no obligations have been incurred prior to the Effective Date.	
2 he incurred so of 20 a date LATER than the Effective	tive Date below and no obligations have been incurred prior to the Effective Date.	
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Date are authorized to be made either as settlement navments or as authorize	rized reimbursement payments, and that the details and circuinstances of all obligations driver 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		
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for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or little payments, or during any rapse between		
amendments.		
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment Start Date specified above, subject to any required Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required		
The Contractor makes all configurations required under the attached Contractor Lettifications to Contractor makes all configuration to plant discussions and plant discussions are plant discussions.		
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 only if made using the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response only if made using the Instructions and Contractor Certifications.		
I and additional passificial terms, provided that additional passificial forms will take precedence over the relevant terms in the KFK and the Contractor of Response only it made to		
the process outlined in 801. CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective		
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	AOTHORIZING SIGNATURE FOR THE COMMONWEALTH:  N: Date 2 6 - 18  (Streeture and Date Must Re Handwritten & Time of Signature)	
x. 21/3 1/18	S. X: SIMM (ANN ) Date A 10-1	
X: Date: 1/3 / 1/8 (Signature and Date Must Be Handwritten At Time of Signature)	(Signature and Date into De Haridan internation	
Fint Name: 318080 (1113		
Print Title: Town Administrator.	Print Title:	

(Updated 1/4/2018) Page 1

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

CONTRACTOR LEGAL NAME:	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs		
OWN OF MONTEREY	MMARS Department Code: ELD		
<u>egal Address:</u> ( <b>W-9, W-4,T&amp;C)</b> : 135 MAIN RD MONTEREY MA 01245-9716	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108		
Contract Manager: Kay Purcell	Billing Address (if different):		
E-Mail: coa@montereyma.gov;	Contract Manager: Stacey O'Connell		
Phone: 413-863-4500 Fax:	E-Mail: Stacey,O'Conneil@MassMail.state.ma.us		
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 9 4	<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): FY18COA Monterey00000		
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")  AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)		
Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes State or Federal grants 815 CMR 2.00)	Amendment to Scope or Budget (Attach updated scope and budget)		
(Attach RER and Response or other procurement supporting documentation)	Interim Contract (Attach justification for Interim Contract and updated scope/budget)		
Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget)	Contract Employee (Attach any undates to scope or budget)		
X Legistative/Legal or Other: (Attach authorizing language/justification,	Legislative/Legal or Other: (Attach authorizing language/justification and updated scope		
scope and budget The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed the following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed the following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed the following conditions and the following conditions are conditions as the following conditions are conditions and the following conditions are conditions as the following conditions are conditions as the following conditions are conditions are conditions as the following conditions are conditions.	and budget)  ruted filed with CTR and is incorporated by reference into this Contract.		
The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been exec X Commonwealth Terms and Conditions Commonwealth Terms and Conditions	Conditions For Human and Social Services.		
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. In the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. In the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. In the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. In the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. In the state of the state of the subject of the state of the s			
Contract are attached and incorporated into this Contract. Acceptance of payments interest releases the Contract are attached and incorporated into this Contract. Acceptance of payments interest releases the Contract after this date unless the Contract is properly CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains are approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains are approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains are approvals. The Contractor sequence of this Contractor and doin 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 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 penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract on the provided contract and the contractor of the provided that additional negotiated terms and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response only if made using additional negotiated terms, provided terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using additional negotiated terms, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contractor (Signature and Date) and the provided that the provided term			

(Updated 1/4/2018) Page 1

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

www.mass.gov/osc under Guidance For Ver	IOO19 - 1 OURIG OF WWW.HIG997GOA	COMMONWEALTH DEPARTMENT NAME:	Executive Office of Elder Affairs	
CONTRACTOR LEGAL NAME: Town of Montgomery		MMARS Department Code: ELD		
Legal Address: (W-9, W-4,T&C):			Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
161 MAIN ST MONTGOMERY MA 01085-3140 Contract Manager: Ann-Marie Buikus		Billing Address (if different):		
Contract Manager: Arin-Marie Bulkus  E-Mail: COA-MontgomeryMA@hotmail.com		Contract Manager: Stacey O'Connell		
Phone: 413-528-1443	Fax:	E-Mail: Stacey.O'Conneil@MassMail.state	.ma.us	
Phone: 413-528-1445  Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 9 6		Phone:1-617-222-7419	Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.		MMARS Doc ID(s): FY18COAMontg	omery000	
Note: The Address Id Must be set up for <u>EFT</u> payme	nts.)	RFR/Procurement or Other ID Number: Gra		
XNEWCONTRACT		CONTRACT	AMENDMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check on	e option only)	Enter Current Contract End Date <u>Prior</u> to A		
Statewide Contract (OSD or an OSD-designated Dep	artment)	Enter Amendment Amount: \$	(or "no change")	
Collective Purchase (Attach OSD approval, scope, but Department Procurement (includes State or Federal	udget)	AMENDMENT TYPE: (Check one option of	nly. Attach details of Amendment changes.)	
(Attach RER and Response or other procurement supp	onting documentation)	Amendment to Scope or Budget (Atlach up Interim Contract (Atlach justification for Inter	puateu stupe and budget) rim Contract and budget)	
Emergency Contract (Attach justification for emerger	ncy, scope, budget)	Interim Contract (Attach justification for Inter Contract Employee (Attach any updates to		
Contract Employee (Attach Employment Status Form X Legislative/Legal or Other: (Attach authorizing la	, scope, budget)	Legislative/Legal or Other: (Attach authorize	scope or budget) ing language/justification and updated scope	
seems and hudget		and budget)		
The following COMMONWEALTH TERMS AND CO	ONDITIONS (T&C) has been exe	ecuted, filed with CTR and is incorporated by I Conditions For Human and Social Services.	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.). \$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 10 days. % PPD; Payment issued within 20 days. % PPD; Payment issued within 20 days. % PPD. Payment issued within 20 days. % PPD. 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 7-6/30/2018. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.  ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:				
Contract are anached and incorporated into this contract. Acceptance 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 Amendment has been executed by an authorized supprovals. The Contractor makes all certifications penalties of perjury, agrees to provide any required business in Massachusetts are attached or incorport Conditions, this Standard Contract Form including and additional negotiated terms, provided that addit the process outlined in 801 CMR 21.07, incorporate AUTHORIZING SIGNATURE FOR THE CONTRACT X:  **X:** **June 1.** **June 1	required under the attached <u>Cc</u> led commentation upon request to rated by reference herein according the Instructions and Contractor (final negotiated terms will take ped herein, provided that any amer <u>CTOR:</u> Date: <u>/-9-208</u> ne of Signature)	contractor Certifications (incorporated by reference support compliance, and agrees that all terms gring to the following hierarchy of document precedence over the relevant terms in the RFR anded RFR or Response terms result in best value ALTHORIZING SIGNATURE FOR THE Contraction of the relevant terms and the RFR and THORIZING SIGNATURE FOR THE Contraction of the relevant terms are the relevant terms and the RFR and RFR or Response terms result in best value and the relevant terms are the relevant terms and the RFR and RFR or Response terms result in best value.	ce if not attached hereto) under the pains and overning 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 a lower costs, or a more cost effective Contract.	
	/ <del>/</del> /!	7 7		

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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 additional, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at

www.mass.goviosc_under Guidance For Ver	Idors - Forms of www.mass.gov			
CONTRACTOR LEGAL NAME: TOWN OF MOUNT WASHINGTON		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs		
			MMARS Department Code: ELD  Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
<u>Legal Address: (W-9, W-4,T&amp;C):</u> 118 EAST ST MOUNT WASHINGTON MA 01258-9710		Summer Seminand	Address. (Ashburton)	tabo (tooki otti ja bostoliji ka i otto
Contract Manager: Mary King Austen		Billing Address (If	different):	<b></b>
E-Mail: maryking@townofmtwashington.com		Contract Manager	: Stacey O'Conneil	
Phone: 413-862-3257	Fax:	E-Mail: Stacey.O'	Conneil@MassMail.state.	
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 9 7		Phone:1-617-222-7	7419	Fax: 1-617-727-9368
Vendor Code Address   D (e.g. "AD001"); AD001.		MMARS Doc ID(s)	FY18COAMNTWASHIN	GTON
Note: The Address Id Must be set up for <u>EFT</u> paymen	nts.)	RFR/Procurement	<u>or Other ID Number:</u> Gra	nt Award
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check on			tract End Date <u>Prior</u> to An	
Statewide Contract (OSD or an OSD-designated Depi Collective Purchase (Attach OSD approval, scope, bu	artment) doet)	Enter Amendment	Amount: \$ (c	or "no change") ly. Attach detalls of Amendment changes.)
Department Procurement (includes State or Federal g	rants <u>815 CMR 2,00</u> )	Amendment to Sc	<u>·E:</u> (Crieck one option on ope or Budget (Attach up	dated scope and budget)
(Attach RFR and Response or other procurement supp	orling documentation)			m Contract and updated scope/budget)
Emergency Contract (Attach justilication for emergen Contract Employee (Attach Employment Status Form	, scope, budget)	Contract Employe	e (Attach any updates to si	cope or budget)
X Legislative/Legal or Other: (Attach authorizing la	nguage/justification,	Legislative/Legal of	<u>or Other: (</u> Atlach authorizir	ng language/justification and updated scope
scope and budget The following COMMONWEALTH TERMS AND CO	NOTIONS (T&C) has been ex	and budget) ecuted, filed with CTR	and is incorporated by n	eference 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).  **Support Payment Insured Within 10 days of PPD; Payment Issued within 15 days of PPD; Payment Issued within 20 days of PPD; Payment Issued within 15 days of PPD; Payment Issued within 20 days of PPD; Payment Issued within 30 days of 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. Furfactionary 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 (Ine 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 (la				
<u>Date</u> are authorized to be made either as settlement parameters of the contract are attached and incorporated into this Contract.	ct. Acceptance of payments for	ever releases the Comn	nonwealth from Turther Clair	nis 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 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 req 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 on the pains of penjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and of the pains of penjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and of the pains of penjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract of this Contract and agrees that all terms governing performance of this Contract of the pains of the pains governing performance of this Contract of this contract of the pains governing performance of this Co		of the specified above, subject to any required remaining performance of this Contract and doing since, the applicable Commonwealth Terms and rother solicitation, the Contractor's Response, if the Contractor's Response only if made using lower costs, or a more cost effective Contract.  COMMONWEALTH:  Date:  At Three of Signature)		

(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">www.mass.gov/osc</a> under Guidance For Vendors - Forms or <a href="https://www.mass.gov/osc">www.mass.gov/osc</a> under OSD Forms.

CONTRACTOR LEGAL NAME:	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
OWN OF NAHANT	MMARS Department Code: ELD	
<u>egal Address:</u> ( <b>W-9, W-4,T&amp;C):</b> 34 NAHANT RD NAHANT MA 01908-1469	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Linda Peterson	Billing Address (if different):	
-Mail: lpeterson@nahant.org	Contract Manager: Stacey O'Connell	
Phone: 413-528-2839 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 9 8	<u>Phone</u> :1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COANahant000000	
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 executed, filed with CTR and is incorporated by reference into this Contract. X Commonwealth Terms and Conditions Commonwealth Terms and Conditions For Human and Social Services.  COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. Rate Contract (No Maximum Obligation, Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended), \$10,292.00		
identify a PPD as follows: Payment issued within 10 days % PPD, Payment issued within 10 days % PPD, Payment issued within 10 days % PPD. If PPD percentages are left blank, identify reason: X_agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial 30 days % PPD. If PPD percentages are left blank, identify reason: X_agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial 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 have 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 have support Council on Aging activities as		
report accounting for how these grant runds were applied. Originity for homital grant taking a certaing of the contract Amendment, that Contract obligations:  ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:  1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date.  2. may be incurred as of, 20, a date LATER than the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective X 3, were incurred as of, 217, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations under this		
Contract are attached and incorporated into this Contract. Acceptance of payments lotever releases the Contract are contract after this date unless the Contract is properly CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, 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 approvals. The Contractor makes all certifications required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing penalties of perjury, agrees to provide any required under the pains and agrees that all terms governing performance of this Contract and doing penalties of perjury, agrees to provide any required under the pains and agrees that all terms governing performance of this Contract and doing penalties of perjury, agrees to provide any required under the pains and agrees that all terms governing performance of this Contract or Certifications, the following hierarchy of document precedence, the applicable Commonwealth Terms and business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and business that all terms governing performance of this Contract terms in the Repair and the Contractor's Response, Conditions, this Standard Contract Certifications, the following hierarchy of document precedence, the applicable Commonwealth Terms and the Contractor's Response, Conditions, this Standard Contract terms in the Repair and the Contractor's Response only if made using and additional negotiated terms, provided that any amended		
Updated 1/4/2018) Page 1.		

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

www.mass.gov/osc.under Guldance For Vendors - Forms_or www.mass.gov/os		COMMONWEALTH DEPARTMENT NAME:	Executive Office of Elder Affairs	
CONTRACTOR LEGAL NAME: TOWN OF NANTUCKET		MMARS Department Code: ELD	ENOUGH OTHER ST. T. S.	
Legal Address: (W-9, W-4,T&C):		Business Mailing Address: 1 Ashburton P	lace Room 517, Boston, MA 02108	
16 BROAD ST NANTUCKET MA 02654-3500		Billing Address (if different):		
Contract Manager: Laura Stewart		Contract Manager: Stacey O'Connell		
E-Mail: lstewart@nantucket-ma.gov	<b>-</b>	E-Mail: Stacey.O'Connell@MassMail.state.	ma.us	
Phone: 781-581-7557	Fax:	Phone:1-617-222-7419	Fax: 1-617-727-9368	
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 9 9		MMARS Doc ID(s): FY18COANantuc	cket0000	
Vendor Code Address ID (e.g. "AD001"): AD001.	.6.3			
Note: The Address id Must be set up for <u>EFT</u> payments.)		RFR/Procurement or Other ID Number: Gra	AMENDMENT	
		Enter Current Contract End Date <u>Prior</u> to Ar Enter Amendment Amount: \$	mendment:, 20  for "no change")  hy. Attach details of Amendment changes.)  podated scope and budget)  firm Contract and updated scope/budget)  scope or budget)  ing language/justification and updated scope  reference into this Contract.	
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted 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). \$15,355.03  PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 20 days % PPD; Payment issued within 10 days % PPD; Payment issued within 20 days % PPD; Payment issued within 20 days % PPD; Payment issued within 20 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 20 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued				
identified in the annually published COA Formula Grant Guide. The activity performance period on its award in the annually published COA Formula Grant Guide. The activity performance period in its award in the annually published COA Formula Grant Guide. The activity performance period in its award in a ward in the annual priod of the contract of th				
Date are authorized to be made either as settlement payments or as authorized relimbulsented in payments, and that the details of the set obligations.  Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.  CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, 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 Certifications is a later Contract or Amendment Shall be the latest date that this Contract or Amendment Shall be the latest date that this Contract or Amendment Shall be the latest date that this Contract or Amendment Shall be the latest date that this Contract or Amendment Shall be the latest date that this Contract or Amendment Shall be the latest date that this Contract or Amendment Shall be the latest date that this Contract or Amendment Shall be the latest date that this Contract or Amendment Shall be the latest date that this Contract or Amendment Shall be the latest date that this Contract or Amendment Shall be the latest date that this Contract or Amendment Shall be the latest date that this Contract or Amendment Shall be the latest date that this Contract or Amendment Shall be the latest date that this Contract or Amendment Sha				
CERTIFICATIONS: Notwithstanding verbal or other Amendment has been executed by an authorized approvals. The Contractor makes all certifications penalties of perjury, agrees to provide any required business in Massachusetts are attached or incorporated to the process outlined in 801 CMR 21.07, incorporated the process outlined in 801 CMR 21.07, incorporated the process outlined in 801 CMR 21.07, incorporated to the process outlined in 801 CMR 21.07	required under the attached C I documentation upon request to rated by reference herein accord the instructions and Contractor tional negotiated terms will take   ted herein, provided that any ame CTOR:  Date: 1/12/18.  Date: 1/12/18.	ontractor Certifications (incorporated by reference support compliance, and agrees that all terms gring to the following hierarchy of document precedure Certifications, the Request for Response (RFR).	ce if not attached hereto) under the pains and overning performance of this Contract and doing dence, the applicable <u>Commonwealth Terms and</u> or other solicitation, the Contractor's Response, and the Contractor's Response only if made using be, lower costs, or a more cost effective Contract.	

(Updated 1/4/2018) Page 1

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

www.inass.goviose under Caldance , or reviews	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
ONTRACTOR LEGAL NAME: OWN OF NATICK	MMARS Department Code: ELD	
egal Address; (W-9, W-4,T&C):	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
3 E CENTRAL ST NATICK MA 01760-4629	Billing Address (if different):	
Contract Manager: Susan Ramsey	Contract Manager: Stacey O'Connell	
Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
11011e: 500-220-4-50	Phone:1-617-222-7419 Fax: 1-617-727-9368	
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 0 0	MMARS Doc ID(s): FY18COANatick0000000	
/endor Code Address ID (e.g. "AD001"): AD001.	RFR/Procurement or Other ID Number: Grant Award	
lote: The Address Id Must be set up for <u>EFT</u> payments.)	CONTRACT AMENDMENT	
X NEW CONTRACT	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20	
PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	Enter Amendment Amount: \$ . (or "no change")	
Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget)	AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)	
Department Procurement (includes State or Federal grants 815 CMR 2.00)	Amendment to Scope or Budget (Attach updated scope and budget)	
(Attach DER and Response or other procurement supporting documentation)	Interim Contract (Attach justification for Interim Contract and updated scope/budget)	
Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget)	a with a firm large (Attach any undates to scope or budget)	
X Legislative/Legal or Other: (Attach authorizing language/justilication,	Legislative/Legal or Other: (Attach authorizing language/justilication and updated scope	
scope and budget	and budget)  Deen executed, filed with CTR and is incorporated by reference into this Contract.  Deen executed, filed with CTR and is incorporated by reference into this Contract.	
The following COMMONWEALTH TERMS AND CONDITIONS (18C) has a X_Commonwealth Terms and ConditionsCommonwealth Terms.	orms 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. 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). \$61.859.34  X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$61.859.34  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 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment payments issued within 20 days % PPD; Payment payments (PPD; Payment Payments issued within 20 days % PPD; Payment payments (PPD; Payment Payments		
CONTRACT END DATE: Contract performance shall terminate as or <u>June South, 2019</u> White the termination for the purpose of resolving any claim or dispute, amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, 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 for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between		
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment Start Date specified above, subject to any required Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains an approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains an approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains an approvals. The Contractor and doin 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 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 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 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 penalties of perjury, agrees to provide dearn penalties of perjury, agrees to provide a		
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(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 Comptoner (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 NEEDHAM	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	
1471 HIGHLAND AVE NEEDHAM MA 02492-2605 Contract Manager: LaTanya Steele	Billing Address (if different):	
Contract manager, Ear any octobo  E-Mail: Isteele@needhamma.gov	Contract Manager: Stacey O'Connell	
	E-Majl: Stacey.O'Connell@MassMail.state.ma.us	
Phone: 508-647-6544 Fax: Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 0 1	Phone:1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc.iD(s): FY18COANeedham000000	
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 §15 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) Emeruency 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)  Legislative/Legal or Other: (Attach authorizing language/justification and updated scope	
scope and budget	and budget)	
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  In the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)  Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)  X Maximum Obligation Contract  Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$60.459.00		
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 43 days from Involve feedby. Contractive of the Contract is 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.i., 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 consus-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 71/1/2017 – 6/30/2018. The municipality will complete a final fiscal identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 71/1/2017 – 6/30/2018.		
report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.  ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:  1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date.  2. may be incurred as of, 20, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date.  X 3. were incurred as of, 2017, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date below, and the parties agree that payments for any obligations under this Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all 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 included and a fine date affect a fine date and the date affect affect 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		
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 herelo) under the pains and approvals. The Contractor makes all certifications required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing penalties of perjury, agrees to provide any required and object to a later Contractor's Response of this Contract Terms and base are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  X:		

(Updated 1/4/2018) Page 1



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CONTRACTOR LEGAL NAME:	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
OWN OF NEW ASHFORD	MMARS Department Code: ELD	
<u>egal Address:</u> <b>(W-9, W-4,T&amp;C):</b> 88 MALLERY RD NEW ASHFORD MA 01237-9611	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Sherry Youngkin	Billing Address (If different):	
E-Mail: say52cbs@aol.com	Contract Manager: Stacey O'Connell	
Phone: 781-455-7555 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 0 3	Phone:1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc iD(s): FY18COANewAshford000	
Note: The Address Id Must be set up for EFT payments.)	RFR/Procurement or Other ID Number: Grant Award	
X NEW CONTRACT	CONTRACTAMENDMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20	
Statewide Contract (OSD or an OSD-designated Department)	Enter Amendment Amount: \$ (or "no change")	
Collective Purchase (Attach OSD approval, scope, budget)	AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)	
<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)	Contract Employee (Attach any updates to scope or budget)  Legislative/Legal or Other: (Attach authorizing language/justification and updated scope	
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget	and budget)	
TI CHARLES CONNECTED THE TEDMS AND CONDITIONS (TAC) has been exe	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.). \$544.97  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 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 7/1/2019 – 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 ob	ligations have been incurred prior to the Effective Date.	
	ANTORN NA ANIMOTIANS NOVE REEL BILLITURE DISTOR SO SHOULD DESCRIPT	
Date are authorized to be made either as settlement payments or as authorized reimbur	over releases the Commonwealth from further claims related to these obligations.	
Date are authorized to be made either as settlement payments or as authorized rother as settlement payments of as authorized rother 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, 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 approvals. The Contractor makes all certifications required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Contractor Stepsonse, 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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www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/osd under OSD Forms COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs CONTRACTOR LEGAL NAME: MMARS Department Code: ELD ITY OF NEW BEDFORD Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108 Legal Address: (W-9, W-4,T&C): 33 WILLIAM ST NEW BEDFORD MA 02740-6132 Billing Address (if different): Contract Manager: Debra Lee Contract Manager: Stacey O'Connell E-Mail: Debra.Lee@newbedford-ma.gov E-Mail: Stacey.O'Conneil@MassMail.state.ma.us Fax: Phone: 413-822-3576 Fax: 1-617-727-9368 Phone:1-617-222-7419 Contractor Vendor Code: VC6000192118 MMARS Doc ID(s): FY18COANewBedford000 Vendor Code Address ID (e.g. "AD001"): AD<u>001</u>. RFR/Procurement or Other ID Number: Grant Award Note: The Address Id Must be set up for <u>EFT</u> payments.) CONTRACT AMENDMENT X NEW CONTRACT Enter Current Contract End Date Prior to Amendment: \_ PROCUREMENT OR EXCEPTION TYPE: (Check one option only) \_. (or "no change") Enter Amendment Amount: \$\_\_\_\_\_\_ Statewide Contract (OSD or an OSD-designated Department) AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.) Collective Purchase (Attach OSD approval, scope, budget) Amendment to Scope or Budget (Attach updated scope and budget) Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) Interim Contract (Attach justification for Interim Contract and updated scope/budget) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach any updates to scope or budget) Contract Employee (Attach Employment Status Form, scope, budget) Legislative/Legal or Other: (Attach authorizing language/justification and updated scope X Legislative/Legal or Other: (Attach authorizing language/justification, and budget) The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract. Commonwealth Terms and Conditions For Human and Social Services. X Commonwealth Terms and Conditions COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$182,020.00 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 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 % 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. Figure in any 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: \_1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date. , a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date. X 3. were incurred as of July 1st, 2017, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations. CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or amendments. Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing penalues or 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 of 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 MiR 21.07 proporated 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: (Signature and Date)Must Be Handwritten At Time of Signature) (Signature and Date Must Be Handwritten At Time of Signature) Print Name: Jonathan F. Mitchell Print Name:\_ Print Title: Mayor 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 Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guidance For Vendors - Forms</a> or <a href="https://www.mass.gov/osc under Guidance For Vendors - Forms">www.mass.gov/osc under Guid

CONTRACTOR LEGAL NAME: TOWN OF NEW BRAINTREE	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
	MMARS Department Code: ELD  Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Legal Address: (W-9, W-4,T&C): 20 MEMORIAL DR NEW BRAINTREE MA 01531-1743	Business Maining Address. 1 Asinbutton Flace Room 711, 5001011, IMA 02.100	
Contract Manager: Carolyn C, Glidden	Billing Address (if different):	
E-Mail: councilonaging@newbraintree.org	Contract Manager: Stacey O'Connell	
Phone: 508-991-6251 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 0 4	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): FY 18 COANew Braintree 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	CONTRACT AMENDMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20	
Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget)	Enter Amendment Amount: \$ (or "no change")	
Department Procurement (Includes State or Federal grants 815 CMR 2.00)	AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)  Amendment to Scope or Budget (Attach updated scope and budget)	
(Attach RFR and Response or other procurement supporting documentation)	Interim Contract (Attach justification for Interim Contract and updated scope/budget)	
Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget)	Contract Employee (Attach any updates to scope or budget)	
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 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.). \$3,952.84  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.)		
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ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:		
CONTRACT 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,

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/o	SO UNION CONTROL THE DEPARTMENT MANEL Executive Office of Elder Affaire	
ONTRACTOR LEGAL NAME:	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
EW MARLBOROUGH	MMARS Department Code: ELD  Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
<u>.egal Address: (W-9, W-4,T&amp;C):</u> O BOX 220 MARLBOROUGH MA 01970-1322		
Contract Manager: Prudence Spaulding	Billing Address (if different):	
-Mail: prudencespaulding@hotmail.com	Contract Manager: Stacey O'Connell	
Phone: 413-477-8772 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: VC6000191905	<u>Phone</u> :1-617-222-7419 Fax: 1-617-727-9368	
/endor Code Address ID (e.g. "AD001"): AD <u>001</u> .	MMARS Doc ID(s): FY18COANew Marlboroug	
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 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)	
scope 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 defails of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)  X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$5,000.00  PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 10 days % PPD; Payment issued within 20 days % PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial		
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report accounting for how these grant funds were applied. Origing eligibility for homitial grant funding is contract, or Contract Amendment, that Contract obligations:  ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:  1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date.  2. may be incurred as of, 20, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date.  X 3. were incurred as of, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date incurred prior to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date incurred prior to the Effec		
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Amendments.  CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment shall be the latest date that this Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and approvals. The Contractor makes all certifications required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing penalties of perjury, agrees to provide at attached or incorporated by reference in contract or Certifications, (incorporated by reference if not attached hereto) under the pains and agrees that all terms governing performance of this Contract and doing penalties of perjury, agrees to provide at attached or incorporated by reference if not attach		

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## COMMONWEALTH OF MASSACHUSETTS

This form is jointly issued and published by the <a href="Executive Office for Administrative-services Division (OSD)">Exervices Division (OSD)</a> as the default contract for all Commonwealth Deparathe official printed language of this form shall be void. Additional non-conflicting agreements, engagement letters, contract forms or other additional terms as parathefinitions, instructions and legal requirements that are incorporated by reference into a www.mass.gov/osc under Guidance For Vendors - Forms or <a href="https://www.mass.gov/osc">www.mass.gov/osc</a> under Guidance For Vendors - Forms or <a href="https://www.mass.gov/osc">www.mass.gov/osc</a> under Guidance For Vendors - Forms or <a href="https://www.mass.gov/osc">www.mass.gov/osc</a> under <a href="https://www.mass.gov/osc">www.mass.g

www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/o	<u>osd under ∟</u>		
CONTRACTOR LEGAL NAME:	COMMONY.		
NEW SALEM	MMARS Depa.		
<u>Legal Address:</u> ( <b>W-9, W-4,T&amp;C)</b> : 15 SOUTH ST NEW SALEM MA 01355	Business Mailing		
Contract Manager: Hendra Reidy	Billing Address (if diffe		
E-Mail: newsalemcoa@yahoo.com	Contract Manager: Staces		
	E-Mail: Stacey.O'Connell@M.		
<u>Phone</u> : 413-229-8278	Phone:1-617-222-7419		
	MMARS Doc ID(s): FY18COAN		
<u>Vendor Code Address ID</u> (e.g. "AD001"): AD <u>001</u> .  Note: The Address Id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: \		
X NEW CONTRACT	CONTRACT.		
PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	Enter Current Contract End Date <u>Prior</u> to Amei.		
Statewide Contract (OSD or an OSD-designated Department)	Enter Amendment Amount: \$ (or "no		
Attack Ost approval, SCODE, DUGGED	AMENDMENT TYPE: (Check one option only. Attac s of Amendment changes.)  Amendment to Scope or Budget (Attach updated scope and budget)		
Department Procurement (includes State or Federal grants 815 CMR 2.00)  (Attach RFR and Response or other procurement supporting documentation)	Interim Contract (Attach justification for Interim Contract and updated scope/budget)		
Emergency Contract (Attach justification for emergency, Scope, Dudger)	Interim Contract (Attach pusuincation for interim Contract and appeared of pudget)		
Contract Employee (Attach Employment Status Form, scope, duaget)  X Legislative/Legal or Other: (Attach authorizing language/justification,	Contract Employee (Attach any updates to scope or budget)  Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)		
scope and budget The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been ex	ecuted, filed with CTR and is incorporated by reference into this Contract.		
V Commonwoolth Terms and Conditions Continuity Carrier Continuity	a Contaction of the Contaction		
	authorized performance accepted in accordance with the terms of this Contract will be supported junds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.		
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report accounting for how these grant funds were applied. Ongoing enginemy for formal ANTICIPATED START DATE: (Complete ONE option only) The Department and C	ontractor certify for this Contract, or Contract Amendment, that Contract obligations:		
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	pelow and <b>no</b> obligations have been incurred <b>prior</b> to the <u>Effective Date</u> .		
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Contract are affected and incompristed into this Contract is properly			
CONTRACT FMD DATE: Contract performance shall terminate as or gathe sount and the formance of resolving any claim or dispute,			
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amendments.			
CEPTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract of Amendment Start Date specified shove, subject to any required			
Amondment has been executed by an authorized signatory of the contractor, and population and the inference of not attached heretol under the pains and			
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business in Massachusetts are attached of incorporated by reference notes associated by reference massachusetts are attached of incorporated by reference notes associated by reference notes as a second of the contractors response.			
Conditions this Standard Contract Form Including the instructions and Contractor's Response only if made using			
and additional negotiated terms, provided that additional negotiated terms will take	ended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.		
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:		
AUTHORIZING SIGNATURE TORT THE GOTTING TO THE	x: 1000 (and ). Date: 2-26-18.		
X: Date: 1/24/18. (Signature and Date Must Be Handwritten At Time of Signature)	(Signature and Date Must Be Handwritten At Time of Signature)		
(Signature and Date Must Be Handwritten At Time of Signature)  Print Name: KANDY COLON	Print Name: Congrey		
Print Name: RANDY COLDON Print Title: SEA FOR BOARD CHAIR	Print Title: HOTING CTO		

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(Updated 1/4/2018) Page 1

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ONTRACTOR LEGAL NAME: OWN OF NEWBURY	COMMONWEALTH DEPARTMENT NAME: Executive Office of Eiger Affairs  MMARS Department Code: ELD	
egal Address: (W-9, W-4,T&C):	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
5 HIGH RD NEWBURY MA 01951-1130		
Contract Manager: Maggie Malley	Billing Address (if different):	
-Mail: coa@townofnewbury.org	Contract Manager: Stacey O'Connell	
Phone: 978-544-2178 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us  Phone:1-617-727-9368	
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 0 8	FIGURE 1-011-222-1-710	
/endor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COANewbury000000	
lote: The Address Id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award	
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PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20  Enter Amendment Amount: \$ (or "no change")	
Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget)	AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)	
Department Procurement (includes State or Federal grants 815 CMR 2.00)	Amendment to Scope or Budget (Attach updated scope and budget)	
(Attach RFR and Response or other procurement supporting documentation)	Interim Contract (Attach justification for Interim Contract and updated scope/budget)	
Emergency Contract (Attach justification for emergency, scope, budget)  Contract Employee (Attach Employment Status Form, scope, budget)	Contract Employee (Attach any undates to scope or budget)	
X Legislative/Legal or Other: (Attach authorizing language/justification,	Legislative/Legal or Other: (Attach authorizing language/justification and updated scope	
scope and budget  The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been exer	and budget) cuted, filed with CTR and is incorporated by reference into this Contract.	
The following COMMONWEALTH TERMS AND CONDITIONS (1 dC) has been executed by Commonwealth Terms and Conditions  Commonwealth Terms and Conditions	Conditions For Human and Social Services.	
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  Rate Contract. (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)  X Maximum Obligation Contract. Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$14,062.23  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 San Remote Ray Discounts Policy.)		
payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See <a href="Property Property Discounts Policy">Property Discounts Policy</a> .) <a href="Property Pay Discounts Policy">BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT</a> : 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 manicipality will complete a final fiscal identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2016 – 6/30/2016. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.		
ANTICIPATED START DATE: (Complete ONE option only) The Department and Con	tractor certify for this Contract, or Contract Amendment, that Contract obligations:	
1 may be incurred as of the Effective Date (latest signature date below) and no obl	igations have been incurred <u>prior to the Effective Date</u> .	
Date are authorized to be made either as settlement payments or as authorized felinbulsentent payments, or as authorized felinbulsentent, payments, or as authorized felinbulsententent, payments, or authorized felinbulsententent, payments, or as authorized felinbulsentententent, payments, or as authorized felinbulsententententententententententententente		
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 penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing penalties of perjury, agrees to provide dependent and penalties of perjury, agrees to provide dependent on the contract of the pains and doing penalties of perjury, agrees to provide dependent on the pains and additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  X:		
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(Updated 1/(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.

www.mass.gov/osc under Guidance For Vendors - Forms of www.mas	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
CONTRACTOR LEGAL NAME: CITY OF NEWBURYPORT	MMARS Department Code: ELD	
Legal Address: (W-9, W-4,T&C):	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
PO BOX 550 NEWBURYPORT MA 01950-0650  Contract Manager: Roseann Robillard	Billing Address (If different):	
	Contract Manager: Stacey O'Connell	
E-Mail: Rrobillard@cityofnewburyport.com  Phone: 978_462_8114 Fax:	E-Mail: Stacey.O'Conneil@MassMail.state.ma.us	
<u>Phone</u> : 978-462-8114	Phone:1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COANewburyport00	
Note: The Address Id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award	
	CONTRACT AMENDMENT	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	Enter Current Contract End Date Prior to Amendment:, 20	
Statewide Contract (OSD or an OSD-designated Department)	Enter Amendment Amount: \$ (or "no change")	
Collective Purchase (Attach OSD approval, scope, budget)	AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)	
Department Procurement (includes State or Federal grants 815 CMR 2.00) (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)  Legislative/Legal or Other: (Attach authorizing language/justification and updated scope	
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget	and budget)	
The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has be	en executed, filed with CTR and is incorporated by reference into this Contract.	
X Commonwealth Terms and Conditions Commonwealth Term	ns and Conditions For Human and Social Services.  ts for authorized performance accepted in accordance with the terms of this Contract will be supported to the support of the contract will be supported to the support of the support	
COMPENSATION: (Check ONE option): The Department Certifies that payments for authorities to intercept for Commonwealth owed debts under 815 CMR 9.00. in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)  X Maximum Obligation Contract. Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$19.033.04  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. Fusion 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 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 Co		
CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 with no new obligations being interned rate that destination and claim or amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between		
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (Incorporated by reference if not attached hereto) under the pains a approvals. The Contractor makes all certifications required under the attached Contractor Certifications (Incorporated by reference if not attached hereto) under the pains a approvals. The Contractor makes all certifications required under the attached Contractor Certifications, (Incorporated by reference if not attached hereto) under the pains approvals. The Contractor makes all certifications required under the attached Contractor Certifications, (Incorporated by reference if not attached hereto) under the pains approvals. The Contractor makes all certifications required under the attached Contractor Certifications, (Incorporated by reference if not attached hereto) under the pains approvals. The Contractor Certifications (Incorporated by reference if not attached hereto) under the pains approvals. The Contractor Certifications (Incorporated by reference if not attached hereto) under the pains approvals. The Contractor Certifications (Incorporated by reference if not attached Contractor Certifications (Incorporated by ref		

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(Updated 1/4/2018) Page 1



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CONTRACTOR LEGAL NAME: TOWN OF NORFOLK	WWW.Mass.govosc under calidance for vendors of ormal of wavendassessing		ENT NAME: Executive Office of Elder Affairs
TOTAL OF HOME OF HE	CONTRACTOR LEGAL NAME: TOWN OF NORFOLK		1
Legal Address; (W-9, W-4,T&C):		MMARS Department Code: E Business Malling Address: 1	Ashburton Place Room 517, Boston, MA 02108
1 LIBERTY LN NORFOLK MA 02056-1499		Billing Address (if different):	
Contract Manager: Christine Quinn		Contract Manager: Stacey O'	Connell
E-Mail: cquinn@norfolk.ma.us  Bhone: 617-796-1671  Fax:		E-Hail: Stacey.O'Connell@MassMail.state.ma.us	
Phone: 617-796-1671	rax	Phone:1-617-222-7419	Fax: 1-617-727-9368
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 0 9		MMARS Doc ID(s): FY18C	OANorfolk000000
Vendor Code Address ID (e.g. "AD001"): AD061.	nto 1	RFR/Procurement or Other ID	AND THE PROPERTY OF THE PROPER
Note: The Address Id Must be set up for <u>EFT p</u> ayments.)			CONTRACT AMENDMENT
X NEW CONTRACT			ate <u>Prior to Amendment:, 20</u>
PROCUREMENT OR EXCEPTION TYPE: (Check one option only)  Statewide Contract (OSD or an OSD-designated Department)		Enter Amendment Amount: \$	. (or "no change")
Statewide Contract (OSD of an OSD-designated Dep Collective Purchase (Attach OSD approval, scope, b	udaet)	AMENDMENT TYPE: (Check	one option only. Attach details of Amendment changes.)
Propertment Procurement (includes State or Federal	grants 815 CMR 2.00)	Amendment to Scope or Bud	get (Attach updated scope and budget)
(Attach RER and Response or other procurement sup	porting documentation)	Interim Contract (Attach justifi	cation for Interim Contract and updated scope/budget)
Emergency Contract (Attach justification for emerge Contract Employee (Attach Employment Status Form	ncy, scope, ouagev) > scone_hudaet)	Contract Santavac (Attach ar	w undates to scope or budget)
X Legislative/Legal or Other: (Attach authorizing I	anguage/justification,	Legislative/Legal or Other; (A	ttach authorizing language/justification and updated scope
		and budget)	prograted by reference into this Contract.
scope and budget The following COMMONWEALTH TERMS AND C X Commonwealth Terms and Conditions	ONDITIONS (T&C) has been exe Commonwealth Terms and	Conditions For Human and Social	Services.
COMPENSATION: (Check ONE option): The Department certains that payments are lated 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). \$15.801.00  X. Maximum Obligation Contract. Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$15.801.00  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 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days within 20 days % PPD; Payment issued within 20 days for involved a contract and 20 days % PPD; Payment issued within 20 days % PPD; Payment issued within 20 days %			
	st signature date below) and <u>no</u> ob LATER than the <u>Effective Date</u> be	oligations have been incurred <u>prior</u> low and <u>no obligations have been</u>	to the <u>Effective Date.</u> Incurred <u>prior</u> to the <u>Effective Date.</u> Parts for any obligations incurred prior to the <u>Effective</u>
X 3. were incurred as of July 1st, 2017, a date	st signature date below) and <u>no</u> ob LATER than the <u>Effective Date</u> belove PRIOR to the <u>Effective Date</u> belove	oligations have been incurred <u>prior</u> tow and <u>no</u> obligations have been w, and the parties agree that payments and the the de-	to the <u>Effective Date.</u> Incurred <u>prior</u> to the <u>Effective Date.</u> The sents for any obligations incurred prior to the <u>Effective</u> The state of the sent and t
X 3. were incurred as of July 1st, 2017, a date Date are authorized to be made either as settlement Contract are attached and incorporated into this Con CONTRACT END DATE: Contract performance sh amended, provided that the terms of this Contract for completing any negotiated terms and warranties	at signature date below) and no ob- LATER than the Effective Date be- PRIOR to the Effective Date below payments or as authorized reimburact. Acceptance of payments for nall terminate as of June 30th, 2 and performance expectations at the total control of transitions of the second	ligations have been incurred prior low and no obligations have been w, and the parties agree that paymersement payments, and that the deever releases the Commonweath of the with no new obligations being and obligations shall survive its term on performance, reporting, invoici	incurred prior to the Effective Date.  ents for any obligations incurred prior to the Effective etails and circumstances of all obligations under this from further claims related to these obligations.  incurred after this date unless the Contract is properly principle for the purpose of resolving any claim or dispute,

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www.mass.gov/osc_under Guidance For Vendors - Forms_or www.mass.gov	70SQ UNDER OBJ FORMS.	
CONTRACTOR LEGAL NAME: CITY OF NORTH ADAMS	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs  MMARS Department Code: ELD	
<u>Legal Address:</u> (W-9, W-4,T&C): 10 MAIN ST NORTH ADAMS MA 01247-3419	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Sandra Lamb	Billing Address (if different):	
E-Mail: spitzercntr@yahoo.com	Contract Manager: Stacey O'Connell	
	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Phone: 508-528-4430   Fax:  Contractor Vendor Code: V C 6 0 0 0 1 9 2 1 2 1	Phone:1-617-222-7419 Fax: 1-617-727-9368	
	MMARS Doc ID(s): FY18COAN orth Adams 000	
<u>Vendor Code Address ID (</u> e.g. "AD001"): AD <u>001</u> .  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 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).  **Solve Ontract (No Maximum Obligation Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)  **Solve Ontract (No Maximum Obligation Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)  **Solve Ontract (No 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 me dentity or 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; Payment issued within 15 days calculations, conditions or Ready Payments (G.L. c. 29, § 23A); only initial standards and details of all rates, units, actualations, conditions or terms and any changes if rates or terms are being amended.)  **PROMPT PAYME		
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ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:		
Contract 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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www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/os	sd under OSD Forms.	
CONTRACTOR LEGAL NAME:	COMMONWEALTH DEPARTMENT NAME: Executive Office of Lider Antano	
OWN OF NORTH ANDOVER	MMARS Department Code: ELD  Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
<u>egal Address: (W-9, W-4,T&amp;C):</u> 00 OSGOOD ST NORTH ANDOVER MA 01845-2909		
Contract Manager: Irene M. O'Brien	Billing Address (if different):	
-Mail: lobrien@townofnorthandover.com	Contract Manager: Stacey O'Connell	
Phone: 978-688-9560 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 D 1 9 1 9 1 0	Phone:1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COAN orth Andover0	
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) cuted, filed with CTR and is incorporated by reference into this Contract.	
X Commonwealth Terms and ConditionsConfine wealth Terms and	Objection 1 of , (2) the	
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). **\$51,846.09  **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 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 15 days calculated by a gree 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 grapt 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 (Pays Support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2018**. The municipality will complete a final fiscal identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2018**. The municipality will complete a final fiscal identified in the annually published COA Formula Grant Guide. The activity performance period for this award is		
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract, or Contract Amendment, that Contract Amendment, that Contract Amendment, that Contract Amendment, that Contract Amendment Amendment, that Contract Amendment Amendmen		
Contract are attached and incorporated into this Contract. Acceptance of payments of ever releases in Contract are attached and incorporated into this Contract. Acceptance of payments of ever releases in Contract and 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		
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 Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required Amendment has been executed by an authorized signatory of the Contractor Certifications (incorporated by reference if not attached hereto) under the pains and approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and approvals. The Contractor of Contractor Certifications (incorporated by reference if not attached hereto) under the pains and approvals the provided any required under the attached Contractor Certifications, (incorporated by reference if not attached hereto) under the pains and approvals to support compliance, and agrees that all terms governing performance of this Contract and doing peralties 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 perjury, agrees to provide any required doing perjury agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing perjury, agrees to provide the attached Contract and doing perjury, agrees to provide death and agrees that all terms governing performance of the pains and agrees that all terms governing performance of the pains and agrees that all terms governing performance of the pains and agrees that all terms governing performance of the pains and agrees that all terms governing performance of the pains and agrees		



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

	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
CONTRACTOR LEGAL NAME:	MMARS Department Code: ELD	
TOWN OF NORTH ATTLEBOROUGH	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Legal Address: (W-9, W-4,T&C): 43 S WASHINGTON ST NORTH ATTLEBORO MA 02760-1642		
Contract Manager: Pamela Huni	Billing Address (if different):	
E-Mail: phunt@nattleboro.com	Contract Manager: Stacey O'Connell	
Phone: 508-699-0131 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: VC 6000191912	Phone:1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COANorthAttlebor	
Note: The Address id Must be set up for EFT 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	
Sententide Contract (OSD or an OSD-designated Department)	Enter Amendment Amount: \$ (or 'no change')	
A Barrier Buselings (Attach OSD approval Scope Diddel)	AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)	
Congression of Procurement (includes State or Federal grants 515 CMR 200)	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)	
1 Camera & Employee (Attach Employment Status Form, Scope, Dudger)	Contract Employee (Attach any updates to scope or budget) <u>Legislative/Legial or Other:</u> (Attach authorizing language/justification and updated scope	
X Legistative/Legal or Other: (Attach authorizing language/justification,	and budget)	
scope and budget	ruted filed with CTR and is incorporated by reference into this Contract.	
The following COMMONWEALTH TERMS AND CONDITIONS (16t) has been executed by the following Commonwealth Terms and Conditions — Commonwealth Terms and Conditions — Commonwealth Terms and Conditions	Conditions For Human and Social Services.	
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized perioditine 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.)  X Maximum Obligation Contract. Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended.)  X Maximum Obligation Contract. Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended.)  X Maximum Obligation Contract. Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended.)  X Maximum Obligation Contract. Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended.)  X Maximum Obligation. Contract Contract of the Contract of the Contract of this Contract (or new Total if Contract is being amended.)  X Maximum Obligation Contract (or new Total duration of this Contract is to Intercate of the Contract of the PPD.)  Report Payment issued within 15 days "PPD.) Payment issued within 15 days "PPD. Payment issued within 16 days "PPD. Payment issued within 16 days "PPD.) Payment issued within 16 days "PPD. Payme		
Contract are attached and incorporated into this Contract. Acceptance of payments tolevel releases the Contract and incorporated into this Contract is properly CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 with no new obligations being incurred after this date unless the Contract is properly 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 dispute, amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, amended, provided that the terms of this Contract and performance, reporting, invoicing or final payments, or during any lapse between for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.  CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the Department or a later Contract or Amendment Start Date specified above, subject to any required.		
	he "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 require entractor Certifications (incorporated by reference if not attached hereto) under the pains an	

(Updated 1/4/2018) Page 1

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www.mass.gov/osc.under Guidance For Vendors - Forms or www.mass.gov/osd.under QSD Forms.		
CONTRACTOR LEGAL NAME:  OWN OF NORTH BROOKFIELD	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs  MMARS Department Code: ELD	
<u>egal Address: (W-9, W-4,T&amp;C):</u> 85 N MAIN ST NORTH BROOKFIELD MA 01535-1531	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
85 N MAIN ST NORTH BROOK IELD WA 01335-1331 Contract Manager: Diane Nichols	Billing Address (If different):	
E-Mail: coadirector@northbrookfield.net	Contract Manager: Stacey O'Connell	
Phone: 508-867-0220 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 600 0191913	Phone:1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS DociD(s): FY18COANorthBrookfie	
Note: The Address id Must be set up for EFT payments.)	RFR/Procurement or Other ID Number: Grant Award	
X NEW CONTRACT  PROCUREMENT OR EXCEPTION TYPE: (Check one option only)  Statewide Contract (OSD or an OSD-designated Department)  Collective Purchase (Attach OSD approval, scope, budget)  Department Procurement (includes State or Federal grants 815 CMR 2.00)  (Attach RFR and Response or other procurement supporting documentation)  Emergency Contract (Attach justification for emergency, scope, budget)  Contract Employee (Attach Employment Status Form, scope, budget)  X Legislative/Legal or Other: (Attach authorizing language/justification,	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  The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been exe  X_Commonwealth Terms and Conditions Commonwealth Terms and	and budget) acuted, 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). \$8.894.24  PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT_45 days from invoice receipt. Contractors requesting accelerated payments must be appropriate or the payment issued within 15 days. % PPD: Payment issued within 20 days. % PPD; Payment issued within 15 days. % PPD; Payment issued within 10 days. % PPD;		
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;—6/30/2014. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.  ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:  1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date.  2. may be incurred as of, 20, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date.  X 3. were incurred as of, 20, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date 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 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:		

VAN

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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 Vendors - Forms_or www.mass.gov/o	sd under <u>OSD Forms</u> .	
CONTRACTOR LEGAL NAME:	COMMONWEALTH DEPARTMENT NAME: Executive Unice of Eiger Analis	
OWN OF NORTH READING	MMARS Department Code: ELD	
<u>egal Address: (W-9, W-4,T&amp;C):</u> 35 NORTH ST NORTH READING MA 01864-1258	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Mary S. Prenney	Billing Address (if different):	
E-Mail: mprenney@northreadingma.gov	Contract Manager: Stacey O'Connell	
Phone: 413-498-2901 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 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): FY18COAN orth Reading 0	
Note: The Address Id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only)  Statewide Contract (OSD or an OSD-designated Department)  Collective Purchase (Attach OSD approval, scope, budget)  Department Procurement (includes State or Federal grants 815 CMR 2.00)  (Attach RFR and Response or other procurement supporting documentation)  Emergency Contract (Attach justification for emergency, scope, budget)  Contract Employee (Attach Employment Status Form, scope, budget)  X Legislative/Legal or Other: (Attach authorizing language/justification,	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  The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been exe	and budget) cuted filed with CTR and is incorporated by reference into this Contract.	
The following COMMONWEALTH TERMS AND CONDITIONS (186) has been exe X Commonwealth Terms and Conditions Commonwealth Terms and	Conditions For Human and Social Services.	
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)  X Maximum Obligation Contract. Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$23.640.31  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 activities as		
identified in the annually published COA Formula Grant Guide. The activity performance period in the annually published COA Formula Grant Guide. The activity performance period counting 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 are attached and incorporated into this Contract. Acceptance of payments interest described and incorporated into this Contract is properly  CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between		
amendments.  CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required Amendment has been executed by an authorized signatory of the Contractor Certifications (incorporated by reference if not attached hereto) under the pains approvals. The Contractor makes all certifications required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and dependitions of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and dependitions of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and dependitions of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract or Certifications, (incorporated by reference if not attached hereto) under the pains approvals. The authorized signators of this contractor Certifications (incorporated by reference if not attached hereto) under the pains approvals. The contractor Certifications (incorporated by reference if not attached hereto, under the pains approvals. The contractor Certifications (incorporated by reference if not attached hereto, under the pains approved to the following hierarchy of document precedence, the applicable Commonwealth Terms business in Massachusetts are attached to reprint the contractor Certifications (incorporated by reference if not attach		

(Updated 1/4/2018) Page 1

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CONTRACTOR LEGAL NAME: CITY OF NORTHAMPTON	
	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs  MMARS Department Code: ELD
<u>egal Address:</u> (W-9, W-4,T&C): 10 MAIN ST NORTHAMPTON MA 01060-3196	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
Contract Manager: Linda Desmond	Billing Address (if different):
E-Mall: Idesmond@northamptonma.gov	Contract Manager: Stacey O'Connell
Phone: 413-587-1228 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us
Contractor Vendor Code: V C 6 0 0 0 1 9 2 1 2 4	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): FY18COANorthampton00
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 in the state accounting system by sufficient appropriations or other non-appropriated Rate Contract (No Maximum Obligation. Attach details of all rates, units, calcula X Maximum Obligation Contract Enter Total Maximum Obligation for total duration.  PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth 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.
30 days % PPD. If PPD percentages are left blank, identity reason	nesignate 75 day you of the parties before
payment (subsequent payments scheduled to support standard EF I 45 day payment)  BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMEN!  the municipalities of the Commonwealth. The award amount is determined by a cens.	DMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of us-based allocation of available grant funding. Funds thay support Council on Aging activities as a period for this award is 7/1/2016 6/30/2017 the municipality will complete a final fiscal
payment (subsequent payments scheduled to support standard EFT 45 day payment)  BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENI the municipalities of the Commonwealth. The award amount is determined by a censi identified in the annually published COA Formula Grant Guide. The activity performance to the country of the bout these grant funds were applied. Ongoing elicibility for form	DMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of us-based allocation of available grant funding. Funds thay support Council on Aging activities as nee period for this award is 7/1/2016 6/30/201 for municipality will complete a final fiscal the grant funding is contingent on satisfactory prior year performance.
payment (subsequent payments scheduled to support standard EFT 45 day payment BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENI the municipalities of the Commonwealth. The award amount is determined by a censidentified in the annually published COA Formula Grant Guide. The activity performar report accounting for how these grant funds were applied. Ongoing eligibility for formula COMMON TRACT DATE: (Complete ONE option only) The Department and COMMON TRACT DATE: (Complete ONE option only) The Department and COMMON TRACT DATE: (Complete ONE option only) The Department and COMMON TRACT DATE: (Complete ONE option only) The Department and COMMON TRACT DATE: (Complete ONE option only) The Department and COMMON TRACT DATE: (Complete ONE option only) The Department and COMMON TRACT DATE: (Complete ONE option only) The Department and COMMON TRACT DATE: (Complete ONE option only) The Department and COMMON TRACT DATE: (Complete ONE option only) The Department and COMMON TRACT DATE: (Complete ONE option only) The Department and COMMON TRACT DATE: (Complete ONE option only) The Department and COMMON TRACT DATE: (Complete ONE option only) The Department and COMMON TRACT DATE: (Complete ONE option only) The Department and COMMON TRACT DATE: (Complete ONE option only) The Department and COMMON TRACT DATE: (Complete ONE option only) The Department and COMMON TRACT DATE: (Complete ONE option only) The Department DATE: (Complete ONE option only) The DATE: (Co	DMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of us-based allocation of available grant funding. Funds thay support Council on Aging activities as not period for this award is 7/1/2016/– 6/30/2018/. The municipality will complete a final fiscal alla grant funding is contingent on satisfactory prior year performance.  Contractor certify for this Contract, or Contract Amendment, that Contract obligations: obligations have been incurred prior to the Effective Date.
payment (subsequent payments scheduled to support standard EFT 45 day payment.)  BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENI the municipalities of the Commonwealth. The award amount is determined by a censi identified in the annually published COA Formula Grant Guide. The activity performan report accounting for how these grant funds were applied. Ongoing eligibility for formula ANTICIPATED START DATE: (Complete ONE option only) The Department and C  1, may be incurred as of the Effective Date (latest signature date below) and no 2, may be incurred as of, 20 , a date LATER than the Effective Date below).  X 3, were incurred as of, 20 the property of the Effective Date below are authorized to be made either as settlement payments or as authorized reimt	DMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of bus-based allocation of available grant funding. Funds thay support Council on Aging activities as nece period for this award is 7/1/2016 - 6/30/2017 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: bubligations have been incurred prior to the Effective Date.  below and no obligations have been incurred prior to the Effective Date.  ow, and the parties agree that payments for any obligations incurred prior to the Effective busement payments, and that the details and circumstances of all obligations under this payments for Commonwealth from further claims related to these obligations.
payment (subsequent payments scheduled to support standard EFT 45 day payment.)  BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENI the municipalities of the Commonwealth. The award amount is determined by a censidentified in the annually published COA Formula Grant Guide. The activity performan report accounting for how these grant funds were applied. Ongoing eligibility for formation of the Commonwealth of the Commonwealth of the Department and Commonwealth of the Comm	DMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of us-based allocation of available grant funding. Further thay support Council on Aging activities as nece period for this award is 7/1/2016/ 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.  Delow and no obligations have been incurred prior to the Effective Date.  Down, and the parties agree that payments for any obligations incurred prior to the Effective Date.

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www.mass.gov/osc under Guidance For Vendors - Forms_or www.mass.gov/o	sd under OSD Forms.	
CONTRACTOR LEGAL NAME:	COMMONWEALTH DEPARTMENT NAME: Executive Office of Lider Affairs	
OWN OF NORTHBOROUGH	MMARS Department Code; ELD  Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Legal Address: (W-9, W-4,T&C): 53 MAIN ST NORTHBOROUGH MA 01532-1937		
Contract Manager: Kelly Burke	Billing Address (if different):	
E-Mail: kburke@town.northborough.ma.us	Contract Manager: Stacey O'Conneil	
Phone: 508-393-5035 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: VC 6 0 0 0 1 9 1 9 1 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): FY 18 COAN or thborough 0	
Note: The Address id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only)  Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) X Legislativefl.egal or Other: (Attach authorizing language/justification, scope and budget The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been exe X 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.  Conditions For Human and Social Services.	
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Contract are attached and incorporated into this Contract. Acceptance of payments to CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2 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 transit	1018 with no new obligations being incurred after this date unless the Contract is properly not obligations shall survive its termination for the purpose of resolving any claim or dispute, ion performance, reporting, invoicing or final payments, or during any lapse between	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, Amendment has been executed by an authorized signatory of the Contractor, the D approvals. The Contractor makes all certifications required under the attached penalties of perjury, agrees to provide any required documentation upon request to business in Massachusetts are attached or incorporated by reference herein according the Instructions and Contractor	the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or epeartment, 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 ing to the following hierarchy of document precedence, the applicable Commonwealth Terms and Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, precedence over the relevant terms in the RFR and the Contractor's Response only if made using nded RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X:    Date:   D	

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

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Business Mallima Address: 1 Ashburton Place Room 517, Boaton, MA 0210  MAN ST WHTINSYALE MA 01648-2247  Billing Address (if différent):  Bronce Code Address D (e.g. "AD001"; AD001  Fax: Place: Statey O'Connell@Massalis.stata.ma.ux  Planted Code Address D (e.g. "AD001"; AD001  MMARS Do: Disi: F 118 CO AN ort 1th bri dip o 0  RERProcurement or Other D Number: Grant Award  Settled Contract (SOV or on SOS-Adepoined Department)  Collection Purchase (Albert OSD septional, scrop, hulder)  Statestick Contract (SOV or on SOS-Adepoined Department)  Collection Purchase (Albert OSD septional, scrop, hulder)  Collection Purchase (Albert OSD septional, scrop, hulder)  Statestick Contract (SOV or on SOS-Adepoined Department)  Collection Purchase (Albert OSD septional, scrop, hulder)  Contract Employee (Albert Amendment Conditions scrops hulder)  Contract Employee (Albert Amendment Status Form)  Amendment Discope on Budgel (Contract Employee (Albert Amendment Conditions scrops hulder)  Contract Employee (Albert Amendment Conditions scrops hulder)  Contract Employee (Albert Amendment Conditions scrops)  Commonwealth Terms and Conditions for thuman and Social Services.  Commonwealth Terms and Conditions of Department and Social Services.  Commonwealth Terms and Conditions of Department and Social Services.  Commonwealth Terms and Conditions of Department and Social Services.  Commonwealth Terms and Conditions of Department and Social Services.  Commonwealth Terms and Conditions of Department and Social Services.  Commonwealth Terms and Conditions of Department and Social Services.  Commonwealth Terms and Conditions of Department and Social Service				NAME: Executive Office of Elder Affairs	
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Contract Manager   Stacey O'Connell@Mass Mail.tate.ma.us			Business Mailing Address: 1 Ashburton Place Room 517, Boston, WA 02108		
Fax:   EMail: Stacey O'Connell@MassMallstate.ma.us	Contract Manager: Kelly Bol		Billing Address (if different):	Billing Address (if different):	
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MMARS Doc ID(s): FY 18 C O A N or th b Fri dig 9 0 0	<u>Phone</u> : 508-234-2002	Fax:	<u>E-Mai</u> l: Stacey.O'Connell@MassMai	il.state.ma.us	
RERPProcurement or Other ID Number: Grant Award	Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 1 9		Phone:1-617-222-7419	Fax: 1-617-727-9368	
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Print Title: Print	int Start Date specified above, subject to any required ference if not attached hereto) under the pains and ms governing performance of this Contract and doing recedence, the applicable Commonwealth Terms and RFR) or other solicitation, the Contractor's Response, FR and the Contractor's Response only if made using value, lower costs, or a more cost effective Contract.				

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		COMMONWEALTH DEPART MMARS Department Code: 1	MENT NAME: Executive Office of Elder Affairs ELD
.egal Address: (W-9, W-4,T&C):			1 Ashburton Place Room 517, Boston, MA 02108
egal Address: (W-9, W-4, I&C): 9 MAIN ST NORTHFIELD MA 01360-1017			
Contract Manager: Heather Tower		Billing Address (if different):	
-Mail: SeniorCenter@northfieldma.gov		Contract Manager: Stacey C	<del>                                     </del>
h <u>one</u> : 978-664-5600	Fax:	E-Mail: Stacey.O'Connell@N	
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 2 1		Phone:1-617-222-7419	Fax: 1-617-727-9368
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scope and budget  The following COMMONWEALTH TERMS AND CO	NDITIONS (T&C) has been exec	and budget) cuted, filed with CTR and is inc	corporated by reference into this Contract.
X Commonwealth Terms and Conditions	Commonwealth Terms and C	Conditions For Human and Social	al 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). \$6.557.00  PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutorylegal 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. Furge 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:  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 1. 20 , a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date.  3. were incurred as of 1. 20 , a date LATER than t			
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 shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, involcing or final payments, or during any lapse between amendments.  CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment Stort Date specified above, subject to any required			
Amendment has been executed by an authorized si approvals. The Contractor makes all certifications penalties of perjury, agrees to provide any required business in Massachusetts are attached or incorpore Conditions, this Standard Contract Form including the contract of the contract of the contract form and contract form.	gnatory of the Contractor, the Deprequired under the attached Condocumentation upon request to stated by reference herein according the Instructions and Contractor Conal negotiated terms will take pred therein, provided that any amend TOR:  Date:	partment, or a later Contract of A tractor Certifications (Incorporat upport compliance, and agrees t g to the following hierarchy of do ertifications, the Request for Re- ecedence over the relevant terms led RFR or Response terms rest AUTHORIZING SIGNATI	Amendment Start Date specified above, subject to any required ted by reference if not attached hereto) under the pains and that all terms governing performance of this Contract and doing noument precedence, the applicable Commonwealth Terms and esponse (RFR) or other solicitation, the Contractor's Response, in the RFR and the Contractor's Response only if made using ult in best value, lower costs, or a more cost effective Contract.  UNE FOR THE COMMONWEALTH:  Date:  Date:  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">www.mass.gov/osc under Guidance For Vendors</a> - Forms or <a href="https://www.mass.gov/osc under Guidance For Vendors">www.mass.gov/osc under Guidance For Vendors</a> - Forms or <a href="https://www.mass.gov/osc under Guidance For Vendors">www.mass.gov/osc under Guidance For Vendors</a> - Forms or <a href="https://www.mass.gov/osc under Guidance For Vendors">www.mass.gov/osc under Guidance For Vendors</a> - Forms or <a href="https://www.mass.gov/osc under Guidance For Vendors">www.mass.gov/osc under Guidance For Vendors</a> - Forms or <a href="https://www.mass.gov/osc under Guidance For Vendors">www.mass.gov/osc under Guidance For Vendors</a> - Forms or <a href="https://www.mass.gov/osc under Guidance For Vendors">www.mass.gov/osc under Guidance For Vendors</a> - Forms or <a href="https://www.mass.gov/osc under Guidance For Vendors">www.mass.gov/osc under Guidance For Vendors</a> - Forms or <a href="https://www.mass.gov/osc under Guidance For Vendors">www.mass.gov/osc under Guidance For Vendors</a> - Forms or <a href="https://www.mass.gov/osc under Guidance For Vendors">www.mass.gov/osc under Guidance For Vendors</a> - Forms or <a href="https://www.mass.gov/osc under Guidance

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CONTRACTOR LEGAL NAME: OWN OF NORTON	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs  MMARS Department Code: ELD	
.egal Address: (W-9, W-4,T&C):	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
0 E MAIN ST NORTON MA 02766-2310	Billing Address (if different):	
Contract Manager: Elizabeth Rossi	Contract Manager: Stacey O'Connell	
E-Mail: ETaylorRossi@nortonmaus.com	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Phone: 508-285-0235 Fax:	Phone:1-617-222-7419 Fax: 1-617-727-9368	
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 2 2	MMARS Doc ID(s): FY18COANorton0000000	
<u>/endor Code Address ID (</u> e.g. "AD001"); AD <u>001</u> . Note: The Address Id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award	
	CONTRACT AMENDMENT	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20	
Statewide Contract (OSD or an OSD-designated Department)	Enter Amendment Amount: \$ (or "no change")	
Collective Purchase (Attach OSD approval, scope, budget)	AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)	
Department Procurement (includes State or Federal grants 815 CMR 2.00)	Amendment to Scope or Budget (Atlach 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: (Allach authorizing language/justification and updated scope and budget)	
scope and budget  The following <u>COMMONWEALTH TERMS AND CONDITIONS</u> (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	Conditions For Human and Social Services.	
identify a PPD as follows: Payment issued within 10 days % PPD, Payment issued within 10 days % PPD, If PPD percentages are left blank, identify reason: X_agree to star payment (subsequent payments scheduled to support standard EFT 45 day payment cycles and the payment cycles are payment by the payment cycles are payment by the payment cycles are payment cycles.	s, conditions of terms and any changes in tacks of terms are being amended.)  f this Contract (or new Total if Contract is being amended). \$29,379.76  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 dard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial le. See Prompt Pay Discounts Policy.)	
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ANTICIPATED START DATE: (Complete ONE option only) The Department and Conf	ractor 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 oblig	gations have been incurred <u>prior</u> to the <u>Effective Date</u> .	
2. may be incurred as of, 20, a date LATER than the <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, 20, 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> .  Date are authorized to be made either as settlement payments or us authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.		
CONTRACT END DATE: Contract performance shall terminate as of <u>June 30th, 20th</u> amended, provided that the terms of this Contract and performance expectations and for completing any negotiated terms and warranties, to allow any close out or transition amendments.	18 with no new obligations being incurred after this date thiless the Contract is properly obligations shall survive its termination for the purpose of resolving any claim or dispute, a performance, reporting, invoicing or final payments, or during any lapse between	
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 require approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains are penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doir pushiness in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms are Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X: Authorizing SIGNATURE FOR THE COMMONWEALTH:  X: Signature and Date Must Be Handwritten At Time of Signature)  Print Name:  Print Title:  Print Title:  Print Title:  Print Title:		
<b></b>		

(Updated 1/4/2018) Page 1

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

FOWN OF NORWELL	COMMONWEALTH DEPARTMENT NAME; Executive Office of Elder Affairs	
	MMARS Department Code: ELD	
<u>Legal Address</u> : ( <b>W-9, W-4,T&amp;C):</b> 145 MAIN ST NORWELL MA 02061-2400	<u>Business Mailing Address</u> : 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Susan Curtin	Billing Address (if different):	
E-Mail: scurtin@townofnorwell.net	Contract Manager: Stacey O'Connell	
Phone: 781-659-7878 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 2 3	Phone:1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"); AD001.	MMARS Doc ID(s): FY 18 COAN orwell 00000	
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)	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 change amendment to Scope or Budget (Attach updated scope and budget)  Interim Contract (Attach justification for Interim Contract and updated scope/budget)	ges.)
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 sc and budget)	юре
The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract. Commonwealth Terms and Conditions —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.)  Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$23,028.00		
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: X agree to standard payment (subsequent payments scheduled to support standard EFT 45 day payment cycle.)	ithin 15 days	
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CONTRACTOR LEGAL NAME: TOWN OF NORWOOD	COMMON/EALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
	MMARS Department Code: ELD	
<u>Legal Address</u> : (W9, W4,T&C): 566 WASHINGTON ST NORWOOD MA 02062-2203	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Kerri McCarthy	Billing Address (if different):	
E-Mail: kmccarthy@norwoodma.gov	Contract Manager: Stacey O'Connell	
Phone: 781-762-1201 Fax:	E-Mail: Stacey.O'Connell@WassMail.state.ma.us	
Contractor Vendor Code: VC6000191924	<u>Phone</u> :1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COANorwood000000	
Note: The Address Id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award	
X NEWCONTRACT 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 Prior to Amendment:, 20  Enter Amendment Amount: \$ (or "no change")  AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)	
<u>Department Procurement</u> (includes State or Federal grants <u>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, 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 COMMONNEALTH TERMS AND CONDITIONS (T&C) has been exec X Commonwealth Terms and ConditionsCommonwealth Terms and Conditions		
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)  X Maximum Obligation Contract. Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$55,800.47		
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.)		
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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 Effective Date (latest signature date below) and no oblig	ations 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, <u>X_3</u> , were incurred as of <u>July 1st, 2017</u> , a date PRIOR to the <u>Effective Date</u> below, a <u>Date</u> 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	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 er releases the Commonwealth from further daims related to these obligations.	
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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 surbusiness 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 preo	"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 uport 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: Description (Signature)  Print Name: CGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGG	
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(Updated 1/4/2018) Page 1