This form is jointly issued and published by the Executive Office for Administration and Finance (ANE), the Office of the Comproder (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. An electronic copy of this form is available at which mass gov/osc under OSD Forms.

www.mass.gov/osc.under Guldance For Vendors - Forms or www.mass.gov/c	· · · · · · · · · · · · · · · · · · ·
CONTRACTOR LEGAL NAME: FOWN OF OAK BLUFFS	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs  MMARS Department Code: ELD
Legal Address <b>: (W-9, W-4,T&amp;C):</b> PO BOX 1327 OAK BLUFFS MA 02557-1327	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
Contract Manager: Rose Cogliano	Billing Address (if different):
E-fight: rcogliano@oakbluffsma.gov	Contract Manager: Stacey O'Connell
Phone: 508-693-4509 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us
Contractor Vendor Cade: VC6000191926	Phone:1-617-222-7419 Fax: 1-617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc iD(s); FY18COAOakBluffs0000
Note: The Address Id Must be set up for EFT payments.)	RFR/Procurement or Other ID Number: Grant Award
COMPENSATION: (Check ONE option): The Department certifies that payments for au in the state accounting system by sufficient appropriations or other non-appropriated fun Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculation X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of the Department Payment are issued through the Commonwealth payments are issued through	conditions For Human and Social Services.  thorized performance accepted in accordance with the terms of this Contract will be supported ds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  Is, conditions or terms and any changes if rates or terms are being amended.)  If this Contract (or new Total if Contract is being amended). \$10,757.00  If this Contract from invoice receipt. Contractors requesting accelerated payments must within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within
payment (subsequent payments scheduled to support standard EFT 45 day payment cycles in the scheduled to scheduled to support standard EFT 45 day payment cycles in the scheduled to scheduled	le. See Prount Pay Discounts Policy.)  ENT: This contract is to locally distribute a formula grant award to the Councils on Aging of passed allocation of available grant funding. Fundantly support Council on Aging activities as period for this award is 7/1/20152-6/30/2015. The municipality will complete a final fiscal
ANTICIPATED START DATE: (Complete ONE option only) The Department and Cont	ractor certify for this Contract, or Contract Amendment, that Contract obligations:  gations have been incurred <u>prior</u> to the <u>Filective Date</u> ,  w and <u>no</u> obligations have been incurred <u>prior</u> to the <u>Filective Date</u> ,  and the parties egree that payments for any obligations incurred prior to the <u>Filective</u> ement payments, and that the details and circumstances of all obligations under this  ter releases the Commonwealth from further claims related to these obligations.
CONTRACT END DATE: Contract performance shall terminate as of <u>June 30th, 201</u> amended, provided that the terms of this Contract and performance expectations and for completing any negotiated terms and warranties, to allow any close out or transition amendments.	8 with no new obligations being incurred after this date unless the Contract is properly obligations shall survive its termination for the purpose of resolving any claim or dispute, performance, reporting, invoicing or final payments, or during any lapse between
Amendment has been executed by an authorized signatory of the Contractor, the Dep approvals. The Contractor makes all certifications required under the attached Cont penalties of perjury, agrees to provide any required documentation upon request to su business in Massachusetts are attached or incorporated by reference herein according. Conditions, this Standard Contract Form including the instructions and Contractor Ceand additional neofficiated terms, provided that additional neofficiated terms will take presented.	e "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 mactor Certifications (incorporated by reference if not attached hereto) under the pains and pport 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 inflications, the Request for Response (RFR) or other solicitation, the Contractor's Response, cedence over the relevant terms in the RFR and the Contractor's Response only if made using ad RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTIONIZING SIGNATURE FOR THE COMMONWEALTH:  X:  (Signature and Date Must Be Handwritten At Time of Signature)  Print Name:  Print Title:

(Nbdated 1/4/2018) Page 1

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

CONTRACTOR LEGAL NAME: OWN OF ORANGE	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs  MMARS Department Code: ELD
<u>_egal Address:</u> (W-9, W-4,T&C): PROSPECT ST ORANGE MA 01364-1133	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
PROSPECT ST ORANGE MA 01364-1133 Contract Manager: Tracy Gaudet	Billing Address (if different):
E-Mail: tgaudet@townoforange.org	Contract Manager: Stacey O'Connell
Phone: 978-544-1113 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us
Contractor Vendor Code: VC6000191929	Phone:1-617-222-7419 Fax: 1-617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COAOrange0000000
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 *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)
The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been exe	cuted, filed with CTR and is incorporated by reference into this Contract. Conditions For Human and Social Services.
in the state accounting system by sufficient appropriations or other non-appropriated function 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 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 sta	ns, conditions or terms and any changes if rates or terms are being amended.) of this Contract (or new Total if Contract is being amended). \$16.063.00  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 andard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial
navment (subsequent payments scheduled to support standard EFT 45 day payment cy	cle. See Prompt Pay Discounts Policy.)  MENT: This contract is to locally distribute a formula grant award to the Councils on Aging of Councils on Aging activities as
the municipalities of the Commonwealth. The award amount is determined by a census	-based allocation of available grant lunding. Purps may support country of 17-ging activities as a period for this award is 7/1/2016 – 6/30/20 (Curren municipality will complete a final fiscal
ANTICIPATED START DATE: (Complete ONE option only) The Department and Cor	ntractor certify for this Contract, or Contract Amendment, that Contract obligations:
1. may be incurred as of the <u>Effective Date</u> (latest signature date below) and <u>no</u> ob2. may be incurred as of, 20, a date <u>LATER</u> than the <u>Effective Date</u> below <u>X_3</u> , were incurred as of <u>July 1st, 2017</u> , a date <u>PRIOR</u> to the <u>Effective Date</u> below <u>Date</u> are authorized to be made either as settlement payments or as authorized reimbur.	igations have been incurred <u>prior</u> to the <u>Effective Date</u> .  bow and <u>no</u> obligations have been incurred <u>prior</u> to the <u>Effective Date</u> .  c, 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  server releases the Commonwealth from further claims related to these obligations.
<u>CONTRACT END DATE</u> : Contract performance shall terminate as of <u>June 30th, 20</u> amended, provided that the terms of this Contract and performance expectations an for completing any negotiated terms and warranties, to allow any close out or transition amendments.	118 with no new obligations being incurred after this date unless the Contract is properly d obligations shall survive its termination for the purpose of resolving any claim or dispute, on performance, reporting, invoicing or final payments, or during any lapse between
Amendment has been executed by an authorized signatory of the Contractor, the De 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 Contractor of	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 intractor Certifications (Incorporated by reference if not attached hereto) under the pains and upport compliance, and agrees that all terms governing performance of this Contract and doing 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, excedence 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.  ANTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X: Date: Date: Date: Contractor's Response only if made using the RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  ANTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X: Date: Date: Date: Date that this Contract or any required manual part of the pains and upport to the pains

(Updated 1/4/2018) Page 1

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

www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/osd under OSD Forms. COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs CONTRACTOR LEGAL NAME: TOWN OF ORLEANS MMARS Department Code: ELD Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108 <u>Legal Address</u>: **(W-9, W-4,T&C)**: 19 SCHOOL RD ORLEANS MA 02653-3609 Billing Address (if different): Contract Manager: Patrick Curtin Contract Manager: Stacey O'Connell E-Mail: pcurtin@town.orleans.ma.us E-Mail: Stacey.O'Connell@MassMail.state.ma.us Fax: Phone: 508-255-6333 Fax: 1-617-727-9368 Phone:1-617-222-7419 Contractor Vendor Code: VC6000191930 MMARS Doc ID(s): FY 18 COA Orleans 00000 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 EFT payments.) CONTRACT AMENDMENT X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Enter Current Contract End Date Prior to Amendment: \_\_. (or "no change") Statewide Contract (OSD or an OSD-designated Department) Enter Amendment Amount: \$ AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes State or Federal grants 815 CMR 2.00) Amendment to Scope or Budget (Attach updated scope and budget) (Attach RFR and Response or other procurement supporting documentation) Interim Contract (Attach justification for interim Contract and updated scope/budget) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach any updates to scope or budget) Contract Employee (Attach Employment Status Form, scope, budget) Legislative/Legal or Other: (Attach authorizing language/justification and updated scope X Legislative/Legal or Other: (Attach authorizing language/justification, and budget) scope and budget The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract. Commonwealth Terms and Conditions For Human and Social Services. X Commonwealth Terms and Conditions COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$28,945,00 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. Fayment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.) BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Further may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2016 6/30/20 7 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 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 relimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations. CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments. CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH AUTHORIZING SIGNATURE FOR THE CONTRACTOR: (Signature and Date Must Be Handwritten Art Time of Signature)
Print Name: + CTING CFO FCAGY (Signature and Date Must Be Handwritten At Time of Signature Print Name: John F 1014 Print Title: TOUR AND Print Title:

(Update 1/4/2018) Page 1

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CONTRACTOR LEGAL NAME: TOWN OF OTIS	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs  MMARS Department Code: ELD
Legat Address: (W-9, W-4,T&C):	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
1 N MAIN RD OTIS MA 01253-9800	Billing Address (if different):
Contract Manager: Ralph Gleason	Contract Manager: Stacey O'Connell
E-Mailt: seniors.otis@gmail.com	E-Mail: Stacey.O'Connell@MassMail.state.ma.us
10005. 410-200-0100	Phone:1-617-222-7419 Fax: 1-617-727-9368
Contractor Vendor Code: V C 6000191931	MMARS Doc ID(s): FY18COAOtis00000000
Vendor Code Address iD (e.g. "AD001"): AD001.	
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  20
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,	<u>Legislative/Legal or Other: (Attach authorizing language/justification and updated scope</u>
and hudget	and budget)
The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been exec  X Commonwealth Terms and Conditions  Commonwealth Terms and Conditions	cuted, filed with CTR and is incorporated by reference into this contract  Conditions For Human and Social Services.
identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 10 days % PPD. If PPD percentages are left blank, identify reason: X_agree to stan payment (subsequent payments scheduled to support standard EFT 45 day payment cycles before the commonwealth. The award amount is determined by a censual 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 and ANTICIPATED START DATE: (Complete ONE option only) The Department and Content and the incurred as of the Effective Date (latest signature date below) and no obliging a payment of the incurred as of the Indiana and Indianan	sign contract (or new Total if Contract is being amended). \$5,000.00  If this Contract (or new Total if Contract is being amended). \$5,000.00  If this Contract (or new Total if Contract is being amended). \$5,000.00  If this Contract (or new Total if Contract is being amended). \$5,000.00  If this Contract (or new Total if Contract is being amended). \$5,000.00  If this Contract is the locally distribute a formula grant award to the Councils on Aging of based allocation of available grant funding. Funds may support Council on Aging activities as period for this award is 7/1/2010—6/30/2012. The municipality will complete a final fiscal grant funding is contingent on satisfactory prior year performance.  It tractor certify for this Contract, or Contract Amendment, that Contract obligations:  If you and no obligations have been incurred prior to the Effective Date.  If and the parties agree that payments for any obligations incurred prior to the Effective Sement payments, and that the details and circumstances of all obligations under this ever releases the Contractone the first the contract of the sement payments, and that the details and circumstances of all obligations under this ever releases the Contract this from further claims related to these obligations.
CONTRACT END DATE: Contract performance shall terminate as of June 30th, 20 amended, provided that the terms of this Contract and performance expectations and for completing any negotiated terms and warranties, to allow any close out or transition amendments.	dispute, on performance, reporting, invoicing or final payments, or during any lapse between
Amendment has been executed by an authorized signatory of the Contractor, the Deta approvals. The Contractor makes all certifications required under the attached Contractor penalties of perjury, agrees to provide any required documentation upon request to subusiness in Massachusetts are attached or incorporated by reference herein according Conditions, this Standard Contract Form including the Instructions and Contractor Conditions.	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 intector Certifications (incorporated by reference if not attached hereto) under the pains and support compliance, and agrees that all terms governing performance of this Contract and doing go to the following hierarchy of document precedence, the applicable Commonwealth Terms and sertifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, excedence over the relevant terms in the RFR and the Contractor's Response only if made using led RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUT TORIZING SIGNATURE FOR THE COMMONWEALTH:  X: Date:

(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

www.mass.gov/osc under Guidance Por Ve	IIdolo I omio o: massa.	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs
CONTRACTOR LEGAL NAME:	!	MMARS Department Code: ELD
TOWN OF OXFORD  Legal Address: (W-9, W-4,T&C):		Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
181 MAIN ST OXFORD MA 01540-2352		Billing Address (if different):
Contract Manager: Stacy Barr	<u>,,,,,,</u> ,	Contract Manager: Stacey O'Connell
E-Mail: sbarr@town.oxford.ma.us ,		E-Mail: Stacey.O'Connell@MassMail.state.ma.us
Phone: 508-987-6000	Fax:	Phone:1-617-222-7419 Fax: 1-617-727-9368
Contractor Vendor Code: VC6000191932		MMARS Doc ID(s): FY18COAOxford0000000
Vendor Code Address ID (e.g. "AD001"): AD001.		
Note: The Address ld Must be set up for <u>EFT</u> paym	ents.)	RFR/Procurement or Other ID Number: Grant Award
X NEW CONTRACT		CONTRACT AMENDMENT
PROCUREMENT OR EXCEPTION TYPE: (Check o	ne 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 De	partment)	AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)
Collective Purchase (Attach OSD approval, scope, bear Department Procurement (includes State or Federa	I grants 815 CIVIR 2.UU)	Amendment to Scope or Budget (Attach updated scope and budget)
A Hook DED and Response or other procurement SUI	oporting gocumentation)	Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Emergency Contract (Attach justification for emerge Contract Employee (Attach Employment Status Fon	ency, scope, budget)	O (a. of Complexes (Attach envigages to scope or budget)
X Legislative/Legal or Other: (Attach authorizing	language/justification,	Legislative/Legal or Other: (Attach authorizing language/justification and appeared scope
scope and budget		and budget)
The following COMMONWEALTH TERMS AND C	Commonwealth Terms and	ecuted, filed with CTR and is incorporated by reference into this Contract.  Conditions For Human and Social Services.
X Commonwealth Terms and Conditions		authorized performance accepted in accordance with the terms of this Contract will be supported and subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
Rate Contract (No Maximum Obligation. Attact X Maximum Obligation Contract Enter Total Maximum Obligation Contract Enter Description Of Payment Scheduled to support the municipalities of the Commonwealth. The award identified in the annually published COA Formula Greport accounting for how these grant funds were ap  ANTICIPATED START DATE: (Complete ONE of the Effective Date (late 2 may be incurred as of the Effective Date (late 2 may be incurred as of 20 , a date 2 may be incurred as of 20 , a date	n details of air rates, units, carcolated eximum Obligation for total duration onwealth payments are issued through the control of the contro	ment: This contract is to coard distributed by the first support of the support o
X 3 were incurred as of July 1st, 2017, a daily	FRIOR to the Chechine Date octo	with and that the details and circumstances of all obligations under this
Contract are attached and incorporated into this Col  CONTRACT END DATE: Contract performance samended, provided that the terms of this Contract for completing any negotiated terms and warrantie	hall terminate as of June 30th, 2 t and performance expectations a s, to allow any close out or transit	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, tion performance, reporting, invoicing or final payments, or during any lapse between
Amendment has been executed by an aumonzed approvals. The Contractor makes all certification penalties of perjury, agrees to provide any require business in Massachusetts are attached or incorp. Conditions this Standard Contract Form including	a signatury of the Contractor, the strequired under the attached Contractor of the contractor upon request to sorated by reference herein according the Instructions and Contractor ditional negotiated terms will take pated 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.  Auf HORIZING SIGNATURE FOR THE COMMONWEALTH:  X:  (Signature and Date Must Be Handwritten At Time of Signature)  Print Name:  Print Title:
1 U	1	

(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-osc unde

www.mass.gov/osc under Guidance For Vendors - Forms_or www.mass.gov/osc	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs
ONTRACTOR LEGAL NAME:	MMARS Department Code: ELD
OWN OF PALMER	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
<u>.eqal Address:</u> (W-9, W-4,T&C): 417 MAIN ST PALMER MA 01069-6901	
Contract Manager: Erin E, Pincince	Billing Address (if different):
-Mail: epincince@townofpalmer.com	Contract Manager: Stacey O'Connell
Phone: 413-283-2670 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 3 4	Phone:1-617-222-7419 Fax: 1-617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COAPalmer0000000
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)	Fater Amondment Amount: \$ (or "no change")
a n	AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)
- to the function of findsides State of February and one Ostro 2007	Amendment to Scope or Budget (Attach updated scope and budget)
The series of other production supporting quoting and the series of the	Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Affact institucation for emergency, scope, buogety	(Attach any undates to scope or hydget)
Contract Employee (Attach Employment Status Form, scope, budget)  X Legislative/Legal or Other: (Attach authorizing language/justification,	Legislative/Legal or Other: (Attach authorizing language/justilication and operation
x Legislative/Legal of Other. (Audust data and San	and budget)
The following COMMONWEALTH TERMS AND CONDITIONS (1&C) has been exe	cuted, filed with CTR and is incorporated by reference into this contract.
	Conditions For Human and Social Services.  Jihorized performance accepted in accordance with the terms of this Contract will be supported independent of the contract will be supported in the contr
identify a PPD as follows: Payment issued within to do days % PPD. If PPD percentages are left blank, identify reason: X agree to sta payment (subsequent payments scheduled to support standard EFT 45 day payment cy BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDITY 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 Co  1. may be incurred as of the Effective Date (latest signature date below) and no obtained to the control of the	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 and 45 day cycle statutory/legal or Ready Payments (G.L. c, 29, § 23A); only initial index 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. Furth may support Council on Aging activities as the period for this award is 7/1/2016 6/30/2016. The municipality will complete a final fiscal a grant funding is contingent on satisfactory prior year performance.  Intractor certify for this Contract, or Contract Amendment, that Contract obligations:  Soligations have been incurred prior to the Effective Date.  Now and no obligations have been incurred prior to the Effective Date.  Now, and the parties agree that payments for any obligations incurred prior to the Effective incurred this and the parties agree that payments for any obligations incurred prior to the Effective incurred this and the parties agree that payments for any obligations incurred prior to the Effective incurred this and the parties agree that payments for any obligations incurred prior to the Effective incurred
Date are authorized to be made einer as selection to payments for	ever releases the Commonwealth from further claims related to treat songestions
amended, provided that the terms of this Contract and performance expectations at the completion any negotiated terms and warranties, to allow any close out or transitions.	nd obligations shall survive its termination for the purpose of resolving any damn of dispute, ion performance, reporting, invoicing or final payments, or during any lapse between
Amendment has been executed by an autriolized signatury of the attached of approvals. The Contractor makes all certifications required under the attached of penalties of perjury, agrees to provide any required documentation upon request to business in Massachusetts are attached or incorporated by reference herein according to the instructions and Contractor	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 ontractor Certifications (incorporated by reference if not attached hereto) under the pains and support compliance, and agrees that all terms governing performance of this Contract and doing ing to the following hierarchy of document precedence, the applicable Commonwealth Terms and Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, precedence over the relevant terms in the RFR and the Contractor's Response only if made using and 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:  Print Name:  Print Title:

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www.mass.gov/osc.under.Guidance.hor.ven	CO12 - LORDS OF MANAGES (200)	THE RESIDENCE OF THE PROPERTY AND A PROPERTY BEREIT	Executive Office of Fider Affaire
CONTRACTOR LEGAL NAME: FOWN OF PAXTON		COMMONWEALTH DEPARTMENT NAME: MMARS Department Code: ELD	Excedits outer of Einer Yugits
<u>Legal Address</u> : <b>(W-9, W-4,T&amp;C)</b> : 597 PLEASANT ST PAXTON MA 01612-1082		Business Mailing Address: 1 Ashburton	Place Room 517, Boston, MA 02108
Contract Manager: Cindy Love		Billing Address (if different):	
E-Mail: clove@townofpaxton.net		Contract Manager: Stacey O'Connell	
	Fax:	E-Mail: Stacey.O'Connell@MassMail.state	ma.us
Contractor Vendor Code: VC6000191936		Phone:1-617-222-7419	Fax: 1-617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD001.		MMARS Doc ID(s): FY18COAPaxto	n0000000
Note: The Address Id Must be set up for EFT paymer	nts.)	RFR/Procurement or Other ID Number: Gr	
X NEW CONTRACT		CONTRACT	AMENDMENT
PROCUREMENT OR EXCEPTION TYPE: (Check one	e aption only)	Enter Current Contract End Date <u>Prior</u> to A	
Statewide Contract (OSD or an OSD-designated Department	arlment)	Enter Amendment Amount: \$	(or "no change")
Collective Purchase (Attach OSD approval, scope, but Department Procurement (Includes State or Federal g	idget)	AMENDMENT TYPE: (Check one option o	nly. Attach details of Amendment changes.)
(Attach RER and Response or other procurement supp	orting documentation)	Amendment to Scope or Budget (Attach u	poaleo scope and undated scope/budget)
Emergency Contract (Attach justification for emergen	icy, scope, budget)	Interim Contract (Attach justification for Inte	
Contract Employee (Attach Employment Status Form. X Legislative/Legal or Other: (Attach authorizing la	, scope, budget) navane/iustification	Contract Employee (Attach any updates to Legislative/Legal or Other: (Attach authorize	scope or buoyen zing language/justification and updated scope
seems and hudget		and budget)	
The following COMMONWEALTH TERMS AND CO	NOTIONS (T&C) has been ex	ecuted, filed with CTR and is incorporated by d Conditions For Human and Social Services.	reference into this Contract.
X Commonwealth Terms and Conditions			20 th. A. man of this Contract will be comparted
COMPENSATION: (Check ONE option): The Departing in the state accounting system by sufficient appropriations.	hane at ather han-sinannisiea i	unas simeci ir interceji ibi Cominoriwcam ovic	A GLOW GUACI OTA OTT.
n the state accounting system by sufficient appropriation.  Rate Contract (No Maximum Obligation. Attach of Maximum Obligation Contract. Enter Total Maximum Obligation.	dataile of all raise unite calculati	ane conditions of terms and ally utidities it falce	Of terms the point anticided.)
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identify a PPD as follows: Payment issued within 10 30 days % PPD. If PPD percentages are left blank, payment (subsequent payments scheduled to support	identify reason: X agree to St	andard 45 day cycle statutory/legal of ready i	ayrichis ( <u>C.E. C. 20. 92001)</u> , Gray ilmia.
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the municipalities of the Commonwealth. The award a identified in the annually published COA Formula Grar report accounting for how these grant funds were appli	mount is determined by a censu	s-based allocation of available grant lunding.	The municipality will complete a final fiscal
report accounting for how these grant runds were appropriate ANTICIPATED START DATE: (Complete ONE opti	ed. Origonia englosity for formu	optractor certify for this Contract or Contract Ame	ndment, that Contract obligations:
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1	PIOD to the leftertive Date held	NU SECTE DAMES SOIRE WATERWIND OF THE	BIODIONS BICONICO DIDE IO MO TOSSICO
Contract are attached and incorporated into this Contract	act. Acceptance of payments to	rever rejeases the Commonwealth from turner of	this date unless the Contract is properly
for completing any negotiated terms and warranties,	to allow any close out or transi	tion performance, reporting, invoicing or final pa	yments, or during any lapse between
amendments	•		
CERTIFICATIONS: Notwithstanding verbal or other Amendment has been executed by an authorized s			
business in Massachusetts are attached or incorpor	ated by reference herein accord	Confidentians the Request for Response (RFR)	or other solicitation, the Contractor's Response,
and additional negotiated terms, provided that additional the process outlined in 801 CMR 21.07, incorporate	d herein, provided that any ame	UGGO KLK Of Lephonge sering report in pear votor	of total poored of manage and a
AUTHORIZING SIGNATURE FOR THE CONTRACT	TOR: 1 (	AUTHORIZING SIGNATURE FOR THE	E COMMONWEALTH:
X: -6( R.	. Date: 1 1/2 1 8	x: frequent low	WY Date: 2-1-18.
(Signature and Date Must Be Handwritten At Tim	ne of Signature)	(Signature and Date Must Be Handwri	tten At Time of Signature)
Print Name: CAROL RICHES		Print Name:	ennecly
Print Title: TOWN ADMINISTRA	ATM.	Print Title: 1104	
		<u> </u>	

(Updated 1/4/2018) Page 1

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www.mass.gov/osc under Guidance For Variable France	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs
CONTRACTOR LEGAL NAME: CITY OF PEABODY	MMARS Department Code: ELD
Lenal Address: (W-9, W-4,T&C):	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
24 LOWELL ST PEABODY MA 01960-5440	Billing Address (if different):
Contract Manager: Carolyn Wynn	Contract Manager: Stacey O'Connell
E-Mail: cwynn@peabodycoa.org	E-Mail: Stacey.O'Connell@MassMail.state.ma.us
Phone: 9/0-331-223-1	Phone:1-617-222-7419 Fax: 1-617-727-9368
Contractor Vendor Code: V C 6 0 0 0 1 9 2 1 2 5	MMARS Doc ID(s): FY18COAPeabody000000
<u>Vendor Code Address ID (</u> e.g. "AD001"): AD <u>001.</u> Note: The Address Id Must be set up for <u>EFT payments.</u> )	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")
O-Wasting Burghase (Affact OSD approval, SCODE, DUGGET)	AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)
Department Procurement (includes State of Federal grants of 5 GWA 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,	and hudget)
scope and budget  The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been exceeded to the following Commonwealth Terms and Commonw	cuted filed with CTR and is incorporated by reference into this Contract.
Y Commonwealth Terms and Conditions	Ooligation 7
in the state accounting system by sufficient appropriations of other interappropriated Rate Contract. (No Maximum Obligation. Attach details of all rates, units, calculating X Maximum Obligation Contract. Enter Total Maximum Obligation for total duration. Attach details of all rates, units, calculating X Maximum Obligation Contract. Enter Total Maximum Obligation for total duration.  PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued that identify a PPD as follows: Payment issued within 10 days	of this Contract (or new Total if Contract is being amended). \$132,114.00  ough EFT 45 days from invoice receipt. Contractors requesting accelerated payments must within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within andard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial cycle. See Prompt Pay Discounts Policy.)  MENT: This contract is to locally distribute a formula grant award to the Councils on Aging of s-based allocation of available grant funding. Funds may support Council on Aging activities as be period for this award is 7/1/2016—76/30/2018. The municipality will complete a final fiscal a grant funding is contingent on satisfactory prior year performance.  Contractor certify for this Contract, or Contract Amendment, that Contract obligations: biligations have been incurred prior to the Effective Date.  Selow 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 unseement payments, and that the details and circumstances of all obligations under this rever releases the Commonwealth from further claims related to these obligations.
CONTRACT END DATE: Contract performance shall terminate as or <u>June south</u> , 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	und obligations shall survive its termination for the purpose of resolving any claim or dispute, ition performance, reporting, invoicing or final payments, or during any lapse between
Amendment has been executed by an authorized signatory of the Contractor, approvals. The Contractor makes all certifications required under the attached openatities 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 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 ting to the following hierarchy of document precedence, the applicable Commonwealth Terms and Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, precedence over the relevant terms in the RFR and the Contractor's Response only if made using anded 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:

(Undeted 1/4/2018) Page 1

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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 PELHAM	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); 51 AMHERST RD PELHAM MA 01002-9714	
Contract Manager: Kathy Martel	Billing Address (if different):
E-Mail: pelhamtownclerk@comcast.net	Contract Manager: Stacey O'Connell
Phone: 781-294-8220 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 3 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): FY18COAPelham0000000
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Callactive Durchase (Attach OSD approval, scope, pudget)	AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)
Department Progurement (includes State or Federal grants 815 CMR 2.00)	Amendment to Scope or Budget (Attach updated scope and budget)
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X Legislative/Legal or Other: (Attach authorizing language/justification,	Legislative/Legal or Other: (Attach authorizing language/justification and updated scope
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in the state accounting system by sufficient appropriations of other hori-appropriated Rate 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 by BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDATE 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 Coinguistic Start Date: (Complete ONE option only) The Department and Coinguistic Start Date: (Complete ONE option only) The Department and Coinguistic Start Date: (Complete ONE option only) The Department and Coinguistic Start Date: (Complete ONE option only) The Department and Coinguistic Start Date: (Complete ONE option only) The Department and Coinguistic Start Date: (Complete ONE option only) The Department and Coinguistic Start Date: (Complete ONE option only) The Department and Coinguistic Start Date: (Complete ONE option only) The Department and Coinguistic Start Date: (Complete ONE option only) The Department and Coinguistic Start Date: (Complete ONE option only) The Department and Coinguistic Start Date: (Complete ONE option only) The Department and Coinguistic Start Date: (Complete ONE option only) The Department and Coinguistic Start Date: (Complete ONE option only) The Department and Coinguistic Start Date: (Complete ONE option only) The Department and Coinguistic Start Date: (Complete ONE option only) The Department and Coinguistic Start Date	of this Contract (or new Total if Contract is being amended). \$4,735.00  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.)  AENT: This contract is to locally distribute a formula grant award to the Councils on Aging of based allocation of available grant funding. Funding 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 a 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.  Intractor certify for this contract payments for any obligations incurred prior to the Effective pate.  In 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 resement payments, and that the details and circumstances of all obligations under this
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Amendment has been executed by an authorized signatory of the Contractor, and 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 the Instructions and Contract Form Including the Instructions and Contractor of the Contract Form Including the Instructions and Contractor of the Contract Form Including the Instructions and Contractor of the Contract Form Including the Instructions and Contractor of the Contract Form Including the Instructions and Contractor of the Contract Form Including the Instructions and Contractor of the Contract Form Including the Instructions and Contractor of the Contract Form Including the Instructions and Contractor of the Contract Form Including the Instructions and Including the Instructions and Including the Instruction Including the Instruction Instruction Including the Instruction	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 ontractor Certifications (incorporated by reference if not attached hereto) under the pains and support compliance, and agrees that all terms governing performance of this Contract and doing 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.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X:  (Signature and Date thus Be Handwritten At Tithe of Signature)  Print Name:  Print Title:

(Updated 1/4/2018) Page 1

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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 PEMBROKE	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
Legal Address: (W-9, W-4,T&C): 100 CENTER ST PEMBROKE MA 02359-2207	
Contract Manager: Anna Seery	Billing Address (if different):
E-Mail: aseery@townofpembrokemass.org	Contract Manager: Stacey O'Connell
Phone: 781-294-8220 Fax:	E-Mail: Stacey.O'Connetl@MassMail.state.ma.us
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 3 8	Phone:1-617-222-7419 Fax: 1-617-727-9368
Contractor vendor code. V 0 0 0 0 1 1 1 0 0 0 0 1	MMARS Doc ID(s): FY 18 COAPembroke 00000
Vendor Code Address ID (e.g. "ADD01"): 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 PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20
PROCUREMENT OR EXCEPTION TIPE: (cliebus one opening)	l - c - c - c - c - c - c - c - c - c -
Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget)	AMENDMENT TYPE: (Check one option only, Attach details of Afficialities of Afficial Charges)
The surpression of the state of	I amondment to Scope of Rudget (Attach Updated Scope and pulger)
(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)
The state of the s	Contract Employee (Attach any updates to scope or budget)  Legislative/Legal or Other: (Attach authorizing language/justification and updated scope
I v Lantelativeli enal or Other: (Attach authorizing language) usukation,	
scope and budget	outed flied with CTR and is incorporated by reference into this Contract.
The following COMMONWEALTH TERMS AND CONDITIONS  X_Commonwealth Terms and Conditions Commonwealth Terms and	Conditions For Human and Social Services.
COMPENSATION: (Check ONE option): The Department certifies that payments for an in the state accounting system by sufficient appropriations or other non-appropriated furnate Contract (No Maximum Obligation. Attach details of all rates, units, calculations. Maximum Obligation Contract. Enter Total Maximum Obligation for total duration.  PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through the interest of the commonwealth payments are issued through the period of the commonwealth payments are issued through the properties of the commonwealth payment (subsequent payments scheduled to support standard EFT 45 day payment opport standard EFT 45 day payment opport 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 counting for how these grant funds were applied. Ongoing eligibility for formula counting for how these grant funds were applied. The Department and Commonwealth.	of this Contract (or new Total if Contract is being amenueu), <u>versectory</u> supple EFT 45 days from invoice receipt. Contractors requesting accelerated payments must within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within andard 45 day cycle statutory/legal or Ready Payments (G.L. c, 29, § 23A); only initial role. See <u>Prompt Pay Discounts Policy.</u> )  MENT: This contract is to locally distribute a formula grant award to the Councils on Aging of shased allocation of available grant funding. Funds may support Council on Aging activities as see period for this award is 7/1/2017 – 6/30/2018. The municipality will complete a final fiscal a grant funding is contingent on satisfactory prior year performance.
ANTICIPATED START DATE: (Complete ONE option only) The Department and OC	Altrations have been incurred prior to the Effective Date.
1. may be incurred as of the <u>Effective Date</u> (tatest signature date below) and <u>no</u> or      2. may be incurred as of, 20, a date LATER than the <u>Effective Date</u> below      X 3. were incurred as of, 2017, a date PRIOR to the <u>Effective Date</u> below      X 3. were incurred as of, 2017, a date PRIOR to the <u>Effective Date</u> below	elow and no obligations have been incurred <u>prior</u> to the <u>Effective Date</u> .  We and the parties agree that payments for any obligations incurred prior to the <u>Effective</u> We and the parties agree that payments for any obligations incurred prior to the <u>Effective</u> We are the payments and that the details and circumstances of all obligations under this  Unsurement payments, and that the details and circumstances of all obligations.
amended, provided that the terms of this contract and performance expensions and warranties, to allow any close out or transitions and performance of the contract of the cont	nd obligations shall survive its termination for the purpose of testing any lapse between the performance, reporting, invoicing or final payments, or during any lapse between
amendments.	and a superior shall be the latest date that this Contract of
Amendment has been executed by an administed or approvals. The Contractor makes all certifications required under the attached of approvals. The Contractor makes all certifications required under the attached of 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 and additional negotiated terms, provided that additional negotiated terms will take the process outlined in 801 CMR 21.07, incorporated herein, provided that any ame AUTHORIZING SIGNATURE FOR THE CONTRACTOR:  Date: 1.	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 ontractor Certifications (Incorporated by reference if not attached hereto) under the pains and support compliance, and agrees that all terms governing performance of this Contract and doing support compliance, and agrees that all terms governing performance of this Contract and doing support 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 under RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X: Date:
Detailed to the second of the	Print Name: Print Title:
Print Title: District April 1 18 18 1 40	711116 111100



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 terms as part of this Contract. An electronic copy of this form is available at

agreements, engagement letters, contract forms of children agreements, engagement letters, contract of the con	ence into this Contract. An electronic copy of this contract.  Inside under OSD Forms.
www.mass.gov/osc under Guidance For Vendore Com-	/osd under OSD Forms.  COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs
CONTRACTOR LEGAL NAME:	and Department Code: FLD
TOWN OF PEPPERELL	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
<u>Legal Address:</u> (W-9, W-4,T&C): 1 MAIN ST PEPPERELL MA 01463-1647	
	Billing Address (if different):
Contract Manager: Kay Berry	Contract Manager: Stacey O'Connell
E-Mail: pshamcoa@gmail.com	E-Mail: Stacey.O'Connell@MassMail.state.ma.us Fax: 1-617-727-9368
Phone: 978-724-6610	Dhone'1-h1/-222"/412
Contractor Vendor Code: V C 6 0 0 0 19 19 3 9	MMARS Doc ID(s): FY18COAPepperel10000
Vendor Code Address ID (e.g. "AD001"): AD001.	RER/Procurement or Other ID Number: Grant Award
Note: The Address Id Must be set up for <u>EFT</u> payments.)	CONTRACT AMENDMENT
X NEW CONTRACT	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20
PROCUPEMENT OR EXCEPTION TYPE: (Check one option only)	
Statewide Contract (OSD or an OSD-designated Department)	TODE /Check one option only, Attach details of the
Collective Purchase (Attach OSD approval, scope, 423 CMR 2.00)	
Department Procurement (includes State of Pederal grant o	Interim Contract (Attach justification for Interim Contract and updated sosperatory)
(Attach RFR and Response or other procurement supporting  Emergency Contract (Attach justification for emergency, scope, budget)  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 Ordado Forming Innovage Justification)	Legislative/Legal or Other: (Allacin additionally languages)
X Legislative/Legal or Other. (Attach additionally the Scope and budget	and budget)
The Louisian COMMONWEALTH TERMS AND CONDITIONS (180) has	executed, filed with CTR and Since S
Y Commonwealth Lettils and Conditions ———	is an with the terms of this Contract Will be supported
COMPENSATION: (Check ONE option): The Department certifies that payments for in the state accounting system by sufficient appropriations or other non-appropriate in the state accounting system by sufficient appropriations or other non-appropriate.	or authorized performance accepted in accordance with the state intercept for Commonwealth owed debts under 815 CMR 9.00.
COMPENSATION: (Check ONE option). The compensations or other non-appropriate	d funds, subject to intercept for Commonwealth owed debts under CTS of Medical Actions, conditions or terms and any changes if rates or terms are being amended.) lations, conditions or terms and any changes if rates or terms are being amended.) \$18,081.00 tion of this Contract (or new Total if Contract is being amended). \$18,081.00
Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations of the contract (No Maximum Obligation).	tion of this Contract (or <b>new</b> Total if Contract is being amended). \$18,081.00
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payment (subsequent payments solved the performance of REASON FOR AME	nt cycle. See Prompt Pay Discounts Policy.)  NDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of NDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging activities as insus-based allocation of available grant funding. Funds may support Council on Aging activities as insus-based allocation of available grant funding the funding and the contract of the council of the counc
BRIEF DESCRIPTION OF CONTROL The award amount is determined by a cell the municipalities of the Commonwealth. The award amount is determined by a cell	nsus-based allocation of available 9 and 18 Allocation of availabl
identified in the annually published COA Formula Grant Guide. The activity periori	nsus-based allocation of available grant funding. Funds may support could on Aging detrible ansus-based allocation of available grant funding. Funds may support could on Aging detrible ansus-based allocation of available grant funding is 7/1/2016 6/30/2016 be municipality will complete a final fiscal manner funding is contingent on satisfactory prior year performance.
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ANTICIPATED START DATE: (Complete OINE opilion only) The Bopartment	to an incurred prior to the Effective Date.
1. may be incurred as of the Effective Date (latest signature date below) and it	to below and no obligations have been incurred prior to the Effective Date.
2 may he incurred as of, a date CATEA to the Effective Date !	below and the parties agree that payments to any obligations of all obligations under this
Y 3 were incurred as of July 1st, ZVIII , a data	imbursement payments, and that the details and the related to these obligations.
I Data ata anthonyen in na manan	to torquer releases into continuous and a contract to properly
CONTRACT END DATE: Contract performance shall terminate as of June 30	ns and obligations shall survive its termination for the purpose of resolving any claim of dispute,
amended, provided that the terms of the selection any close out of the	ansition perormance, reporting, arrotomy
for completing any negosated terms and transfer	u. U. Latest data that this Contract O
amendments.	tion the "Effective Date" of this Contract or Amendment shall be the Labour explore to any regulired
CERTIFICATIONS: Notwithstanding verbal of other representations, to	the Department, or a later Contract or Amendment State State of hereto) under the pains and delinerations of the pains and d
Amendment has been executed by an arrival and a straight and a str	ed Contractor Cerumications (most postation and agrees that all terms governing performance of this Contract and dollars)
Lucinope in Maggarni Sells all attached of mostly	A A CONTROLLING THE REQUEST OF TOURS IN THE PROPERTY OF THE PR
Conditions, this Standard Contract Form modeling the made distance of the contract Form involved that additional negotiated terms will the	is to support constitutions in the following hierarchy of document precedence, the applicable <u>Commonwealth Sensors</u> coording to the following hierarchy of document precedence, the Applicable <u>Commonwealth Sensors</u> actor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response only if made using take precedence over the relevant terms in the RFR and the Contractor's Response only if made using take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the procedence over the relevant terms in the RFR and the Contractor's Response only if made using the procedence over the relevant terms in the RFR and the Contractor's Response only if made using the procedence over the relevant terms in the RFR and the Contractor's Response only if made using the procedence over the relevant terms in the RFR and the Contractor's Response only if made using the procedence over the relevant terms in the RFR and the Contractor's Response only if made using the procedence over the relevant terms in the RFR and the Contractor's Response only if made using the procedence over the relevant terms in the RFR and the Contractor's Response only if made using the procedence over the relevant terms in the RFR and the Contractor's Response only if made using the procedence over the relevant terms in the RFR and the Contractor's Response only if made using the RFR and the RFR
and additional negotiated terms, provided that any	amended RFR of Response terms resulting FOR THE COMMONWEALTH:
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	
	X: Date: Other Company of Signature and Date Must Be Handwritten At Time of Signature)
X: Date: 13/15 (Signature and Date Must Be Handwritten At Time of Signature)	(Signature and Date Must Be Handwrittell At Thire of Viginitary)
I MANA / / / / / / / / / / / ·	Print Name.
Print Name: 1777	Print Title:
Print Title: Tain Haministon	

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WWW.M355.govose winds Coloured in Coloured	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Attairs
ONTRACTOR LEGAL NAME: OWN OF PETERSHAM	MMARS Department Code: ELD
egal Address: (W-9, W-4,T&C):	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
S MAIN ST PETERSHAM MA 1386-9755 Contract Manager: Paula Haley	Billing Address (if different):
Sontract Managet, Faula Haloy  E-Mail: phaleyhr@gmail.com	Contract Manager: Stacey O'Connell
E-Wai: pnaeynegman.com Phone: 978-939-4086 Fax:	E-Mail: Stacey.O'Connell@MassMall.state.ma.us
Phone: 978-939-4000  Contractor Vendor Code: V C 6000191941	Phone:1-617-222-7419 Fax: 1-617-727-9368
	MMARS Doc ID(s): FY18COAPetersham0000
<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
	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)	(or "no change")
a u still turnbana (Attach OSD approval scope, budget)	AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)
Department Procurement (includes State or Federal grants 615 CMR 2.06)  (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)
A man of (Attach inclineation for emergency, scope, budger)	1 care to excupation to econo or history
a complete Attack Employment Statis Form, Suud, pugget	Contract Employee (Atlach any updates to suche or outgot)  Legislative/Legal or Other: (Atlach authorizing language/justification and updated scope
v Legislative/Legal or Other: (Attach authorizing language/justilication)	" · · · · · · · · · · · · · · · · · · ·
scope and budget  The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been Commonwealth Terms	executed, filed with CTR and is incorporated by reference into this confident and Conditions For Human and Social Services.
X_Commonwealth Terms and Conditions  COMPENSATION: (Check ONE option): The Department certifies that payments finithe state accounting system by sufficient appropriations or other non-appropriate Rate Contract (No Maximum Obligation. Attach details of all rates, units, calcu	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. Itations, conditions or terms and any changes if rates or terms are being amended.)  Itations, conditions or terms and any changes if rates or terms are being amended.)
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued identify a PPD as follows: Payment issued within 10 days % PPD; If PPD percentages are left blank, identify reason: X agree to	through EFT 45 days from invoice recisip. Continued within 20 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment iss
payment (subsequent payments scheduled to support standard 2 BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AME the municipalities of the Commonwealth. The award amount is determined by a certified in the annually published COA Formula Grant Guide. The activity performance of the commonwealth of	NDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of nause-based allocation of available grant funding. Fund may support Council on Aging activities as nause period for this award is 7/1/2016 - 6/30/2015 The municipality will complete a final fiscal areas for final fiscal award to grant on satisfactory prior year performance.
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2. may be incurred as of 20, a date LATER than the <u>Effective Date I</u> X.3. were incurred as of <u>July 1st. 2017</u> , a date PRIOR to the <u>Effective Date I</u> See the displayed of the property of	polow, and the parties agree that payments for any obligations incurred prior to the <u>Effective</u> pelow, and the parties agree that payments for any obligations incurred prior to the <u>Effective</u> imbursement payments, and that the details and circumstances of all obligations under this  imbursement payments, and that the details and circumstances of all obligations.
Contract are officially and incomorated into this Contract. Acceptance of payment	and after this date unless the Lindiraci is properly
amended, provided that the terms of this contract and performance expensions any negotiated terms and warranties, to allow any close out or tre	ansition performance, reporting, invoicing or final payments, or during any rapse between
amendments.  CERTIFICATIONS: Notwithstanding verbal or other representations by the part Amendment has been executed by an authorized signatory of the Contractor, the approvals. The Contractor makes all certifications required under the attached penalties of perjury, agrees to provide any required documentation upon reques business in Massachusetts are attached or incorporated by reference herein ac business in Massachusetts are attached from including the instructions and Contra	ies, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or he Department, or a later Contract or Amendment Start Date specified above, subject to any required of Contractor 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 clor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response always 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.  AUTAORIZING SIGNATURE FOR THE COMMONWEALTH:  X:  (Signature and pale Must Be Handwritten At Time of Signature)  Print Name:  Print Title:
CHAIL, SELECT BOARD	MO.
(Upo	(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 Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to Services Division (OSD) as the default contract for all Commonwealth Departments 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 terms as part of this Contract. An electronic copy of this form is available at

definitions, instructions and legal	requirements that are incorporated by rele nce For Vendors - Forms or www.mass.go	ms as part of this Contract Wistout pilot Department From is available at erence into this Contract. An electronic copy of this form is available at pov/osd under OSD Forms.  COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs
ONTRACTOR LEGAL NAME:		The state of the s
TY OF PITTSFIELD		MMARS Department Code: LES  Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
egal Address: (W-9, W-4,T&C):		Business Mailing Address:
ALLEN ST PITTSFIELD MA 01201-6250		Billing Address (if different):
ontract Manager: Vincent Marinaro		Contract Manager: Stacey O'Connell
Mail: vmarinaro@pittsfieldch.com		State Stoom O'Connell@MassMail.state.ma.us
hone: 413-499-9346	Fax:	Phone:1-617-222-7419 Fax: 1-617-727-9368
ontractor Vendor Code: VC600019	2128	MMARS Doc ID(s): FY18COAPittsfield000
andor Code Address ID (e.g. "AD001"):	AD <u>001</u> .	RFR/Procurement or Other ID Number: Grant Award
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		Enter Current Contract End Date <u>Prior to Amendment:</u> , 20
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE	ु: (Check one option only)	Enter Current Contract Ento State (or "no change")  Enter Amendment Amount: \$
Ph/120 co to clook	signated Departments	
Statewide Contract (USD of all USD of all US	val, scope, budget)	
Collective Purchase (Attach OSD appro Department Procurement (Includes Sta	te or Federal grants 8 15 Civil 2.007	Amendment to Scope or Budget (Attach updated cooper and updated scope/budget)  Interim Contract (Attach justification for Interim Contract and updated scope/budget)
(Attach RFR and Response of Other proc	n for ememory scope, budget)	Interim Contract (Attact) Justification to scope or budget)  Contract Employee (Attact Author) any updates to scope or budget)  Contract Employee (Attact Author) authorizing language/justification and updated scope
Emergency Contract (Attach justification	total a Form econe hudget)	Contract Employee (Attach any updates to scope or budget)  Legislative/Legal or Other: (Attach authorizing language/justification and updated scope
Contract Employee (Attach Employmer X Legislative/Legal or Other: (Attach	authorizing language/justification,	and budget)
scope and budget	TRC) has bee	and budget) en executed, filed with CTR and is incorporated by reference into this Contract. en and Conditions For Human and Social Services.
The following COMMONWEALTH TE	RMS AND CONDITIONS (1&C) has been commonwealth Term	ns and Conditions For Human and Social Services.
Chook ONE ontion	n): The Department certifies that payment	ts for authorized performance of a company solith owed debts under 815 Civil 9.00.
L ACRESCALICATIONS IN DOCK CHAIR CHING		
CUMPENSATION, Constant by suffin	cient appropriations or other non-appropria	iated funds, subject to intercept for Commonwealth West at the same are being amended.)
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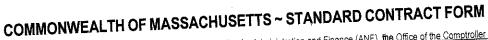
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definitions, instructions and le	gal requirements that are incorporated by reference uidance For Vendors - Forms_or www.mass.gov/o	osd under OSD Forms.
		COMMITTEE
ONTRACTOR LEGAL NAME: OWN OF PLAINFIELD		MMARS Department Code: ELD  Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
egal Address: (W-9, W-4,T&C):	705	
44 MAIN ST PLAINFIELD MA 01070-97	30	Billing Address (if different):
ontract Manager: Deborah Thibeault		Contract Manager: Stacey O'Connell
-Mail: deborahthibault@gmail.com	Fax:	C Mail: Stacey O'Connell@MassMail.state.ma.us
hone: 413-634-0275		Phone:1-617-222-7419 Fax: 1-617-727-9368
ontractor Vendor Code: V C 6 0 0 0	191943	MMARS Doc ID(s): FY18COAPlainfield000
endor Code Address ID (e.g. "AD00	I"): AD <u>001</u> .	RFR/Procurement or Other ID Number: Grant Award
lote: The Address ld Must be set up	for EFT payments.)	CONTRACT AMENDMENT
MACHIOCHTRACT		Enter Current Contract End Date <u>Prior</u> to Amendment:, 20
PROCUREMENT OR EXCEPTION 1)	YPE: (Check one option only)	
OSD or an OSD	-designated Department)	A SEPART SECRET TYPE (Chack one oblight Only, August details of the
		1 Produce / Attach undated Scope dilu budger
Department Procurement (includes	provent supporting documentation)	Amendment to Scope or Budget (Matach special Contract and updated scope/budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget)
		Contract Employee (Attach any updates to scope or budget)  Contract Employee (Attach any updates to scope or budget)  Contract Employee (Attach any updates to scope or budget)
Contract Employee (Attach Employee	nent Status Form, scope, budget)	Contract Employee (Attach any updates to scope or budget) <u>Legislative/Legal or Other: (Attach authorizing language/justification and updated scope Legislative/Legal or Other: (Attach authorizing language/justification and updated scope Legislative/Legal or Other: (Attach authorizing language/justification and updated scope Legislative/Legal or Other: (Attach authorizing language/justification and updated scope language)</u>
		and budget)
scope and budget		and budget)  **Recuted, filed with CTR and is incorporated by reference into this Contract.  **Recuted of Conditions For Human and Social Services.**  **Recuted of Conditions For Human and Social Services.**
The following COMMONVEALTH X Commonwealth Terms and Conc	ditions Commonwealth Terms and	d Conditions For Human and Social Services.
X Commonweald Terms and	that navements for	authorized performance accepted in accordance with the terms of this Contract will be supported
COMPENSATION: (Check ONE op	tion): The Department certifies that payments for	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.
in the state accounting system by si	ufficient appropriations of other non-appropriate	authorized performance accepted in accordance with the time 815 CMR 9.00. funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. funds, subject to intercept for commonwealth owed debts under 815 CMR 9.00. funds, subject to intercept for the subject to intercept for t
X Maximum Obligation Contract	Enter Total Manual Property of the	rough EFT 45 days from invoice receipt. Contractors requesting accelerated payments must
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report accounting for how these gra	nt funds were applied. Ongoing eligibility for form	unce period for this award is 7/1/2016/- 6/30/2016/. The months award is 7/1/2016/- 6/30/2016/-
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1	mc Doto /latost sinhatille Date Delow) and 199	- L. A Effective Date
1. may be incurred as of the	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 plow, and the parties agree that payments for any obligations under this
2 may be incurred as of July 1	st. 2017, a date PRIOR to the Effective Date be	below and <u>no obligations have been incurred prior to the Effective</u> slow, and the parties agree that payments for any obligations incurred prior to the <u>Effective</u> slow, and the parties agree that payments for any obligations incurred prior to the <u>Effective</u> shoursement payments, and that the details and circumstances of all obligations under this shoursement payments, and that the details are circumstances to these obligations.
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amended, provided that the terms	s of this Contract and performance expeditions	s and obligations shall survive its termination for the purpose of lossoning any lapse between nsition performance, reporting, invoicing or final payments, or during any lapse between
for completing any negotiated term	Ile and managed to am	the latest date that this Contract
amendments.	the conferentations by the partie	es, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Department, or a later Contract or Amendment Start Date specified above, subject to any require e Department, or a later Contract or Amendment Start Date specified above, subject to any require Endough the Contract of Contractor Certifications (incorporated by reference if not attached hereto) under the pains are contracted to the Contract of this Contract and doing the Contract of the Con
CERTIFICATIONS: Notwithstand	ding verbal of other representations by	e Department, or a later Contract or Amendment Start Date specified above, subject to the pains at I <u>Contractor Certifications</u> (incorporated by reference if not attached hereto) under the pains at I <u>Contractor Certifications</u> (incorporated by reference if not attached hereto) under the pains at to support compliance, and agrees that all terms governing performance of this Contract and doing to support compliance, and agrees that all terms governing performance of this Contract and doing to support compliance, and agrees that all terms governing performance of this Contract and doing to support compliance, and agrees that all terms governing performance of this Contract and doing to support compliance, and agrees that all terms governing performance of this Contract and doing to support compliance, and agrees that all terms governing performance of this Contract and doing the support compliance and agrees that all terms governing performance of this Contract and doing the support compliance and agrees that all terms governing performance of this Contract and doing the support compliance and agrees that all terms governing performance of this Contract and doing the support compliance are supported by the support of this contract of the support of t
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business in Massachusetts are	attached or incorporated by reference herein acco	t to support compliance, and agrees that all terms governing performance of this commonwealth Terms at cording to the following hierarchy of document precedence, the applicable <u>Commonwealth Terms at cording to the following hierarchy of document precedence, the applicable Commonwealth Terms at cording to the following his property of the following t</u>
Conditions, this Standard Contra	act Form including the Instructions and Contract	ording to the following hierarchy of document precedence, the application contractor's Response for Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response only if made using the precedence over the relevant terms in the RFR and the Contractor's Response only if made using the precedence over the relevant terms in the RFR and the Contractor's Response only if made using the precedence over the relevant terms in the RFR and the Contractor's Response only if the precedence over the relevant terms in the RFR and the Contractor's Response only if the precedence over the relevant terms in the RFR and the Contractor's Response only if the RFR and the Contractor's RESPONSE on the RFR and the RFR and the Contractor's RESPONSE on the RFR and the RFR and the RFR and
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		Date: On Pate: On Pat
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(Old nature and Data Mist Re	Handwritten At Time of Signature)	Isignature and Date made I Conne e19
(Signature and Date Must Be Print Name: <u>Howard</u> Print Title: <u>Charry</u> Si	Bronstein_	Print Name:
Print Name: 1100000	elect Board	Print Title:
Atlut Lines 75 to 11 1 100		



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definitions, instructions and legal requirements that are incorporated by location www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/o	sd under OSD Forms.	
	COMMONAGEMENT	
CONTRACTOR LEGAL NAME: TOWN OF PLAINVILLE	MMARS Department Code: ELD	
Local Address' (W-9 W-4.T&C):	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
142 SOUTH ST PLAINVILLE MÁ 02762-1917	Billing Address (If different):	
Contract Manager: Lisa Cogliano	Contract Manager: Stacey O'Connell	
E-Mail: lcogliano@plainville.ma.us	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Phone: 508-699-7384 Fax:	Phone:1-617-222-7419 Fax: 1-617-727-9368	
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 4 4	MMARS Doc ID(s): FY18COAPlainville000	
Vendor Code Address ID (e.g. "AD001"): AD001.		
Note: The Address Id Must be set up for EFT payments.)	RFR/Procurement or Other ID Number: Grant Award  CONTRACT AMENDMENT	
COMPENSATION: (Check ONE option): The Department certifies that payments for a in the state accounting system by sufficient appropriations or other non-appropriated for the state accounting system by sufficient appropriations or other non-appropriated for the state accounting system by sufficient appropriations or other non-appropriated for the state Contract (No Maximum Obligation Attach details of all rates, units, calculating X. Maximum Obligation Contract (Enter Total Maximum Obligation for total duration and the state of the st	Enter Current Contract End Date Prior to Amendment:	
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Date are authorized to be made entire as settlement, and a settlement of payments for Contract are attached and incorporated into this Contract. Acceptance of payments for 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 transparentments.	2018 with no new obligations being incurred after this date unless the Contract is properly and obligations shall survive its termination for the purpose of resolving any claim or dispute, and obligations shall survive its termination for the purpose of resolving any claim or dispute, sition performance, reporting, invoicing or final payments, or during any lapse between	
Amendment has been executed by an authorized signatury of the attached 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 to the contract of the contract form including the instructions and Contractors.	is, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Department, or a later Contract or Amendment Start Date specified above, subject to any required Contractor Certifications (incorporated by reference if not attached hereto) under the pains and os support compliance, and agrees that all terms governing performance of this Contract and doing of the following hierarchy of document precedence, the applicable Commonwealth Terms and our 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 the latest and the Contractor's Response or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X: Date:  X: Signature and Date Must Be Handwritten Al 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 terms as part of this Contract. An electronic copy of this form is available at www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/osd under OSD Forms.

definitions, instructions and le	egal requirements that are incorporated by refer uidance For Vendors - Forms_or www.mass.gov	<u>v/osd under OSD Forms.</u> COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
WWW.mass.gov/osc undor go		1 0011111111111111111111111111111111111	
CONTRACTOR LEGAL NAME: OWN OF PLYMOUTH		MMARS Department Code: ELD  Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
and Address (W-9, W-4.T&C):	225		
6 COURT ST PLYMOUTH MA 02360-3	1323	Billing Address (if different):	
Contract Manager: Jennifer Young		Contract Manager: Stacey O'Connell	
E-Mail: jlyoung@townhall.plymouth.ma	Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Phone: 508-830-4230		Phone:1-617-222-7419 Fax: 1-617-727-9368	
Contractor Vendor Code: V C 6 0 0 0	191945	MMARS Doc ID(s): FY18COAPlymouth00000	
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	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department)		Enter Current Contract End Date <u>Prior</u> to Amendment:, 20	
		Enter Amendment Amount: \$	
Statewide Contract (OSD of all COD of Collective Purchase (Attach OSD ap	proval, scope, budget)	i company (Attach Indated Scope dia budger)	
Department Procurement (includes	State or Federal grants 815 CMR 2.00)	Amendment to Scope or Budget (Hitter) Specific and updated scope/budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget)	
(Attach RFR and Response or other I	ention for emergency, scope, budget)	Contract Employee (Attach any updates to scope or budget)  Contract Employee (Attach any updates to scope or budget)  Contract Employee (Attach any updates to scope or budget)	
Emergency Contract (Attach Justilic Contract Employee (Attach Employe	ment 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: (Att	tach authorizing language/justification,		
scope and budget		reported filed with CTR and is incorporated by reference into this contract.	
The following COMMONWEALTE  X Commonwealth Terms and Con	ditions Commonwealth Terms	and Conditions For Human and Social Services.	
X Continosiwealth Tolling 2.10		for authorized performance accepted in accordance with the terms of this Contract will be supported by funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.	
COMPENSATION: (Check ONE or	ption): The Department certiles that payments	for authorized performance accepted in accordance with the terms of the 15 CMR 9.00.  ad funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  alations, conditions or terms and any changes if rates or terms are being amended.)  alations, conditions or terms and any changes if sales or terms are being amended.)	
in the state accounting system by s	obligation. Attach details of all rates, units, calcu	ilations, conditions of terms and any citating of the being amended). \$98,770.43	
Rate Contract (No Maximum Contract	t Enter Total Maximum Obligation for total dura	ulations, conditions or terms and any changes it rates or terms are conditionally changes in the contract of this Contract (or new Total if Contract is being amended). \$98,770.43  through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must be through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must sued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 50 d	
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asyment (subsequent payments sch	ages are left blank, identify reason: X agree to neduled to support standard EFT 45 day payments.	ent cycle. See Prompt Pay Discounts Policy.)  ENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of ENDMENT: This contract is to locally distribute a formula grant award to the Council on Aging activities as ensus-based allocation of available grant funding. Funds may support Council on Aging activities as ensus-based allocation of available grant funding. Funds The municipality will complete a final fiscal	
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identified in the annually published	COA Formula Grant Guide. The activity portent	nessus-based allocation of available grant funding. Funds may support council of Funding and Property of the municipality will complete a final fiscal armula grant funding is contingent on satisfactory prior year performance.  In Contractor certify for this Contract, or Contract Amendment, that Contract obligations:	
report accounting for now these year	all folios were applied	Contractor certify for this Contract, or Contract Amendment, that Contract Contract	
ANTICIPATED START DATE: (	Domplete ONE option only the below) and I	no obligations have been incurred <u>prior</u> to the <u>Effective Date</u> .  See the below and <u>no obligations have been incurred <u>prior</u> to the <u>Effective Date</u>.  The property for any obligations incurred prior to the <u>Effective Date</u>.</u>	
1. may be incurred as of the $\underline{\mathbb{E}}$	fective Date (latest signature date below) and a	no obligations have been incurred <u>prior</u> to the <u>effective Date</u> .  the below and <u>no</u> obligations have been incurred <u>prior</u> to the <u>effective Date</u> .  below, and the parties agree that payments for any obligations incurred prior to the <u>effective</u> below, and the parties agree that the details and circumstances of all obligations under this	
2. may be incurred as of	20 , a date DRIOD to the Effective Date	below, and the parties agree that payments to all obligations under this	
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Contract are attached and incorpo	rated into this Contract. Acceptance of paymen	Simbursement payments, and that the details and circumstatices of an objections.  Its forever releases the Commonwealth from further claims related to these obligations.  Its forever releases the Commonwealth from further claims related to these obligations.  It is date unless the Contract is properly on and obligations shall survive its termination for the purpose of resolving any claim or dispute, one and obligations shall survive its termination for the purpose of resolving any lapse between	
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for completing any negotiated test	illa dila wattaniara,	the the letter date that this Contract O	
amendments.	eding verbal or other representations by the par	rties, the "Effective Date" of this Contract or Amendment shall be the latest date that the trible the Department, or a later Contract or Amendment Start Date specified above, subject to any required the Department, or a later Contract or Amendment Start Date specified above, subject to any required the Department, or a later Contract or Amendment Start Date specified above, subject to any required to account the Date of t	
CERTIFICATIONS: Notwithstall	by an authorized signatory of the Contractor,	the Department, or a later Contract or Amendment Start Date specified above, subject to the pains and the Department, or a later Contract or Amendment Start Date specified above, subject to the pains and the Department of Contract or Certifications (incorporated by reference if not attached hereto) under the pains and contract or Contract and doing est to support compliance, and agrees that all terms governing performance of this Contract and doing est to support compliance, and agrees that all terms governing performance of this Contract and doing est to support compliance, and agrees that all terms governing performance of this Contract and doing est to support compliance.	
Amendment has been executed	es all certifications required under the attache	ed Contractor Certifications (incorporate and doing the contract and doing the composition of this Contract and doing the composition of the contract and doing	
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husiness in Massachuseus are	allauriou of illourportate and Contro	costor Cartifications, the Request for Response (All 1) - Deanness only if made using	
Conditions, this Standard Cont	provided that additional negotiated terms will	actor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response only if made usin take precedence over the relevant terms in the RFR and the Contractor's Response only if made usin take precedence over the relevant terms in the RFR and the Contractor's Response only if made usin take precedence over the relevant terms in the RFR and the Contractor's Response only if made usin take precedence over the relevant terms in the RFR and the Contractor's Response only if made usin take precedence over the relevant terms in the RFR and the Contractor's Response only if made usin take precedence over the relevant terms in the RFR and the Contractor's Response only if made usin take precedence over the relevant terms in the RFR and the Contractor's Response only if made usin take precedence over the relevant terms in the RFR and the Contractor's Response only if made usin take precedence over the relevant terms in the RFR and the Contractor's Response only if made usin take precedence over the relevant terms in the RFR and the Contractor's Response only if made usin take precedence over the relevant terms in the RFR and the Contractor's Response only if made usin take precedence over the relevant terms in the RFR and the Contractor's Response only if made usin take precedence over the relevant terms in the RFR and the Contractor's Response only if made usin take precedence over the relevant terms in the RFR and the RFR	
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XIIII	Useduritten At Time of Signature)	X: 1 - V And Date Must Be Handwritten At Time of Signature)	
(Signature and Date Must Be	AVIANI	Print Name:	
Print Name: 1/1/2///	Handwritten At Time of Signature)  AV 1 9 1	Print Title:	
Print Title:	1 Will Ville		
		7)	

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definitions, instructions and legal requiremer www.mass.gov/osc.under Guidance For Ver	its that are incorporated by referen idors - Forms, or www.mass.cov/c	ISU UNDEL COD I Office.
	MOIO 1 Office of Hilliams	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs
ONTRACTOR LEGAL NAME: OWN OF PLYMPTON		MMARS Department Code: ELD
egal Address: (W-9, W-4,T&C): PALMER RD PLYMPTON MA 02367-1110		Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
Contract Manager: Joy Marble		Billing Address (if different):
E-Mail: jmarble606@comcast.net		Contract Manager: Stacey O'Connell
<u>Mail: jmanbeood@cont.ast.flet</u>		E-Mail: Stacey.O'Connell@MassMail.state.ma.us
-none: 781-363-2700 Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 4 7		Phone:1-617-222-7419 Fax: 1-617-727-9368
		MMARS Doc ID(s): FY18COAPlympton00000
<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
	1100)	CONTRACT AMENDMENT
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department)		Enter Current Contract End Date <u>Prior</u> to Amendment:, 20
		Enter Amendment Amount: \$ . (or "no change")
Cattaction Durchage (Attach OSD approval, scope, D	udget)	AMENDMENT TYPE: (Check one option only, Attach details of Amendment changes.)
Department Procurement (includes State of Federal	grants 815 Civit 2.00)	Amendment to Scope or Budget (Attach updated scope and budget)
(Attach RFR and Response or other procurement sup. Emergency Contract (Attach justification for emerge	porting documentation) nev scope, budget)	Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach Employment Status Form X Legislative/Legal or Other: (Attach authorizing I	1, scope, budget) anguage/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	ONDITIONS (T&C) has been ex	ocuted, filed with CTR and is incorporated by reference into this Contract.
V Commonwealth Terms and Conditions	COUNTS OUR LOUGH	Octobro Communication Communic
in the state accounting system by sufficient appropria  Rate Contract (No Maximum Obligation. Attach  X Maximum Obligation Contract Enter Total Max  PROMPT PAYMENT DISCOUNTS (PPD): Commo	details of all rates, units, calculation details of all rates, units, calculation details of all rates units, calculation details of all rates are issued through the control of the contr	uthorized performance accepted in accordance with the terms of this Contract will be supported inds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  ons, conditions or terms and any changes if rates or terms are being amended.)  of this Contract (or new Total if Contract is being amended). \$3,314.11  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 yield. See Prompt Pay Discounts Policy.)
30 days % PPD. If PPD percentages are left bland payment (subsequent payments scheduled to suppor	t standard EFT 45 day payment o	role. See Prompt Pay Discounts Policy.)
the municipalities of the Commonwealth. The award identified in the annually published COA Formula Gra	amount is determined by a consu- ant Guide. The activity performand	be period for this award is 7/1/2016 16/30/2017 The municipality will complete a final fiscal a grant funding is confingent on satisfactory prior year performance.
AND DATE OF A DE DATE: (Complete OME of	tion only) The Department and Co	ontractor certify for this Contract, or Contract Americans, that contract and
	and no o	blinations have been incurred <b>brior</b> to the <u>chective pate</u> .
	PRIOR to the Effective Date belo payments or as authorized reimble	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 ursement payments, and that the details and circumstances of all obligations under this
Contract are attached and incorporated into this Con- CONTRACT END DATE: Contract performance si amended, provided that the terms of this Contract for completing any negotiated terms and warranties	all terminate as of June 30th, 2 and performance expectations a , to allow any close out or transi	1018 with no new obligations being incurred after this date unless the Contract is properly nd 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 an autonized approvals. The Contractor makes all certification penalties of perjury, agrees to provide any require business in Massachusetts are attached or incorporations, this Standard Contract Form including	signatury of the contractory and Contractory of the documentation upon request to prated by reference herein accord the Instructions and Contractor litional negotiated terms will take ted herein, provided that any ame CTOR:  Date: 1   D   S   D   C   D   C   D   D   D    Delto: 1   D   D   D   D   D   D   D    Delto: 1   D   D   D   D   D   D   D    Delto: 1   D   D   D   D   D    Delto: 1   D   D   D   D   D   D    Delto: 1	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 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:  (Signature and Date Must Be Handwritten Affilme of Signature)  Print Name:  Print Title:
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(Updated 1/4/2018) Page 1

RID.

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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 ENGLY AMERICA	
TOWN OF PRINCETON	MMARS Department Code: ELD  Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
<u>Legal Address:</u> (W-9, W-4,T&C): 6 TOWN HALL DR PRINCETON MA 01541-1138		
Contract Manager: Linda Farineau	Billing Address (if different):	
E-Mail: coa@town.princeton.ma.us	Contract Manager: Stacey O'Connell	
Phone: 978-464-5977 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us  Phone:1-617-727-9368  Fax: 1-617-727-9368	
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 4 9	711011E: (1-017-222-) 110	
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COAPrinceton0000	
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,	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)	
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.	
in the state accounting system by sufficient appropriations of other non-appropriate of 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 state payment (subsequent payments scheduled to support standard EFT 45 day payment cy	of this Contract (or new Total if Contract is being amended). \$6,691.98  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 andard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial ricle. See Prompt Pay Discounts Policy.)	
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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 <u>June 30th, 2</u> amended, provided that the terms of this Contract and performance expectations at for 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 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 C 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 repartment, or a later Contract or Amendment Start Date specified above, subject to any required contractor Certifications (incorporated by reference if not attached hereto) under the pains and support compliance, and agrees that all terms governing performance of this Contract and doing 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 inded RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X:	

(1) Suppliated 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 definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at

www.mass.gov/osc.under Guidance For Vendors - Forms\_or www.mass.gov/osd.under OSD Forms. COMMONWEALTH DEPARTMENT NAME; Executive Office of Elder Affairs MMARS Department Code: ELD Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108 CONTRACTOR LEGAL NAME: TOWN OF PROVINCETOWN <u>Legal Address:</u> (W-9, W-4,T&C): 260 COMMERCIAL ST PROVINCETOWN MA 02657-2213 Billing Address (if different): Contract Manager: Stacey O'Connell Contract Manager: Chris Hotile E-Mail: Stacey.O'Connell@MassMail.state.ma.us E-Mail: chottle@provincetown-ma.gov Fax: 1-617-727-9368 Fax: Phone:1-617-222-7419 Phone: 508-487-7080 MMARS Doc ID(s): FY18COAProvincetown0 Contractor Vendor Code: VC6000191950 RFR/Procurement or Other ID Number: Grant Award <u>Vendor Code Address ID (</u>e.g. "AD001"): AD<u>001</u>. CONTRACT AMENDMENT Note: The Address Id Must be set up for EFT payments.) Enter Current Contract End Date Prior to Amendment: \_. (or "no change") PROCUREMENT OR EXCEPTION TYPE: (Check one option only) AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.) Enter Amendment Amount: \$\_\_ Statewide Contract (OSD or an OSD-designated Department) Amendment to Scope or Budget (Attach updated scope and budget) Collective Purchase (Attach OSD approval, scope, budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget) Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) Contract Employee (Attach any updates to scope or budget) Legislative/Legal or Other: (Attach authorizing language/justification and updated scope 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, 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 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 operation of the contract will be supported for the state operation of the contract will be supported for the state operation of the contract will be supported for the state operation of the contract will be supported for the state operation of the contract will be supported for the state operation of the contract will be supported for the state operation of the contract will be supported for the state operation of the contract will be supported for the state operation of the contract will be supported for the state operation of the contract will be supported for the state operation of the contract will be supported for the state operation of the contract will be supported for the state operation of the state operation operation of the state operation operation of the state operation operation operation operation X Commonwealth Terms and Conditions CONTENSATION. (CITED ONE Option). The Department Certines man payments for authorized performance accepted in accordance with 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.) Trace Contract, Programment Congramment, Adaptive details of an rates, units, calculations, continues of terms and any undinges in rates of terms are being amended). \$9,099.00

X Maximum Obligation Contract
Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must PROME! FATMENT DISCOUNTS (FFD): Commonwealin payments are issued inrough 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 payments rehabilized to support standard EET 45 day payment scale. See Proport Bay Discounts Palicy. 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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 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 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 anientieu, proviucu uras ure terms ur une convect and personnence expeciations and obligations and obligations and involcing or final payments, or during any lapse between 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 CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment Shall be the latest date that this Contract or Amendment Shall be the latest date that this Contract or Amendment Shall be the latest date that this Contract or Amendment Shall be the latest date that this 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 the Contract or Amendment Shall be the latest date that the Contract or Amendment Shall be the latest date that the Contract or Amendment Shall be the latest date that the Contract or Amendment Shall be the latest date that the Contract or Amendment Shall be the latest date that the Contract or Amendment Shall be the latest date that the Contract or Amendment Shall be the latest date that the Contract or Amendment Shall be the latest date that the Contract or Amendment Shall be the latest date that the Contract or Amendment Shall be the latest date that the Contract or Amendment Shall be the latest date that the Contract or Amendment Shall be the latest date that the Contract or Amendment Shall be the latest date that the Contract or Amendment Shall be the latest date that the Contract or Amendment Shall be the latest date that the Contract or Amendment Shall be the latest date that the Contract or Amendment Shall be the latest date that the Contract or Amendment Shall be the latest date that the Contract or Amendm 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 Amenument has been executed by an authorized signatury of the Contractor, the Department, or a later contractor of the Contractor described by reference if not attached hereto) under the pains and approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and approvals. The Contractor makes all certifications required under the attached contractor Certifications (incorporated by reference if not attached hereto) under the pains and approvals. The Contractor makes all certifications required documentation upon required to support compliance, and careacters that all terms assumed a provide any required documentation upon required to support compliance, and careacters that all terms assumed a provide any required documentation upon required to support compliance. amendments. approvals. The Contractor makes an commentation are under the attached Contractor Contra periodices or purpose to provide any required documentation upon request to support compliance, and agrees that are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Contractors in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Contractors in Massachusetts are attached or incorporated by reference herein according to the Following the Population (Inc. December 2016) or other collections the Contractors Continued to the Contractors (Continued to to the Contractors (Contractors (C pushess in wassacruseus are auacieu or incorporateo by reference nerein according to the rollowing meratory of document precedence, the applicable <u>continonwealth Lemis and Contractor's Response</u> (RFR) or other solicitation, the Contractor's Response, and defilient provided that additional possibled terms provided that additional possible terms provided the provided terms provided that additional possible terms provided that additional possible terms provided the provided terms provided that additional possible terms provided the provided terms provided that additional possible terms provided the provided terms provided terms prov and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: rgay looneed (Signature and Pate Must Be Handwritten At Time of Signature)

Print Name: Print Title: TOWN MANAGES. 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 terms as part of this Contract. An electronic copy of this form is available at MANN mass govides under Guidance For Vendors - Forms, or MANN mass govides under OSD Forms.

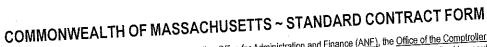
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ITRACTOR LEGAL NAME:	The Boundary Code: FLD
OF QUINCY	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
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HANCOCK ST QUINCY WA 02109-0110	Billing Address (if different):
stract Manager: Thomas F. Clasby, Jr.	Contract Manager: Stacey O'Connell
iail: tclasby@quincyma.gov	Stagey O'Connell@MassMail.state.ma.us
one: 617-376-1244	Phone:1-617-222-7419 Fax: 1-617-721-9300
ntractor Vendor Code: V C 6 0 0 0 1 9 2 1 3 2	MMARS Doc ID(s): FY18COA Quincy0000000
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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 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 terms as part of this Contract. An electronic copy of this form is available at definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at

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OWN OF RAYNHAM		Business Mailing Address: 1 Ash	aburton Place Room 517, Boston, MA 02108
Legal Address: (W-9, W-4, T&C):	40'7'	The second secon	
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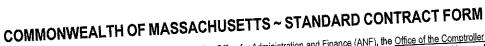
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TOWN OF READING		Business Mailing Address: 1 Ashburtor	Place Room 5(1), Boston, III.
Legal Address: (W-9, W-4,T&C):			
16 LOWELL ST READING MA 01867-2601		Billing Address (If different):	
Contract Manager: Jane Burns	9	Contract Manager: Stacey O'Connell	
E-Mail: jbums@ci.reading.ma.us	E-10	-Mail: Stacey.O'Connell@MassMail.sta	Fax: 1-617-727-9368
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amended, provided that the terms and warrar for completing any negotiated terms and warrar amendments.  CERTIFICATIONS: Notwithstanding verbal or Amendment has been executed by an authori approvals. The Contractor makes all certificate penalties of perjury, agrees to provide any recomplete to provide any recomplete to provide any recomplete to the conditions, this Standard Contract Form inclusions and additional negotiated terms, provided that the process outlined in 801 CMR 21.07, incomplete to the conditions and the conditions of the conditions and the conditions are the conditions.	other representations by the parties, red signatory of the Contractor, the Elions required under the attached Cuired documentation upon request to orporated by reference herein according the Instructions and Contractor additional negotiated terms will take porated herein, provided that any ame TRACTOR:  Date:  At Time of Signature)	the "Effective Date" of this Contract or A pepartment, or a later Contract or Amendmontractor Certifications (incorporated by resupport compliance, and agrees that all ting to the following hierarchy of document Certifications, the Request for Response precedence over the relevant terms in the ended RFR or Response terms result in be	mendment shall be the latest date that this Contract or nent Start Date specified above, subject to any required reference if not attached hereto) under the pains and erms governing performance of this Contract and doing precedence, the applicable Commonwealth Terms and (RFR) or other solicitation, the Contractor's Response, RFR and the Contractor's Response only if made using st value, lower costs, or a more cost effective Contract.  OR THE COMMONWEALTH:  Date:  andwritten 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 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

agreements, engagement letters, contract forms or other additional definitions, instructions and legal requirements that are incorporated by referent definitions, instructions and legal requirements that are incorporated by referent definitions, instructions and legal requirements that are incorporated by reference to the contract of the contract o	ce into this Contract. An electronic copy of this form is available to	
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www.mass.gov/osc under Guidante 7 5.	L Code EID	
CONTRACTOR LEGAL NAME: TOWN OF REHOBOTH	MMARS Department Code: ELD  Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
	Business Mailing Address: 1 Ashibaten 1 18	
<u>Legal Address</u> : <b>(W-9, W-4,T&amp;C):</b> 148R PECK ST REHOBOTH MA 02769-3009	Billing Address (if different):	
148R PECK ST REHOBOTT MINOS.	Billing Aduless in union-in-	
Contract Manager: Linda Sherman	Contract Manager: Stacey O'Connell	
E-Mail: Isherman@town.rehoboth.ma.us	E-Mail: Stacey.O'Connell@MassMail.state.ma.us  Fax: 1-617-727-9368	
Phone: 508-252-3372	Dhano:1-61/-///-1410	
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 5 5	MMARS Doc ID(s): FY18COARehoboth00000	
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 EFT payments.)	CONTRACTAMENUMENT	
X NEW CONTRACT	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20	
THE OUDENENT OF EXCEPTION LIFE, CONSTRUCT	Enter Current Contract End Services (or "no change")  Enter Amendment Amount: \$ (or "no change")  Enter Amendment Amount: \$ (or "no change")	
Statewide Contract (OSD or an OSD-designated Department)	AMENDMENT TYPE: (Check one option only readers scope and budget)	
Collective Purchase (Attach OSD approval, Federal grapts 815 CMR 2.00)	AMENDMENT TYPE: (Check one option on the option of the opt	
Department Procurement (includes State of Federal grants of State of State of Federal grants of State of Federal grants of State of Federal grants of State	Interim Contract (Attach justification for Interim Contract Charles	
Emergency Contract (Allact) Justine Commiscone hidget)	Contract Employee (Attach any updates to scope or budget)  Legislative/Legal or Other: (Attach authorizing language/justification and updated scope	
- Last Complete (ARXC3) Elitibility (Contraction of the Contraction of	1 egislative/Legal of Ottler. (Atlacti dutional)	
X Legislative/Legal or Other. (Actually described)	and budget)	
scope and budget	nd Conditions For Human and Social Services.	
X Commonwealth Terms and Conditions Commonwealth Terms and Conditions	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.  In the conditions of terms and any changes if rates or terms are being amended.)	
X Commonwealth Terms and Conditions  COMPENSATION: (Check ONE option): The Department certifies that payments for in the state accounting system by sufficient appropriations or other non-appropriate in the state accounting System (No Maximum Obligation, Attach details of all rates, units, details of all rates all rates all rates are detailed in the all rates are de	or authorized performance accepted in additional authorized performance accepted in additional depth under 815 CMR 9.00.	
COMPENSATION: (Check ONE option): The options or other non-appropriated	tions, subject to intercept the strategy of terms are being amended.)	
in the state accounting dystam obligation. Attach details of all rates, units, calculation for total duration for total duration for total duration for total duration.	ion of this Contract (or new Total if Contract is being amended). VETICAL powers must	
Y Maximum Obligation Contacts	TET 45 days from invoice receipt. Contractors and profits Dayment issued Within	
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payment (subsequent payments schools before MANCE or REASON FOR AME	nt cycle. See Promot Pay Discounts Policy.)  NDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of NDMENT: This contract is to locally distribute a formula grant award to the Council on Aging activities as nesus-based allocation of available grant funding. Funds may support Council on Aging activities as nesus period for this award is 7/1/2016; 6/30/2016. The municipality will complete a final fiscal	
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report accounting for how these grant funds were applied. Ongoing significant	mula grant funding is contingent on satisfactory prior year performance obligations:  d Contractor certify for this Contract, or Contract Amendment, that Contract obligations:  o obligations have been incurred prior to the Effective Date.	
ANTICIPATED START DATE: (Complete ONL open)	chligations have been incurred prior to the Elective Date.	
be industred as of the Effective Date (latest signature date)	and no obligations have been incurred prior to the Effective	
X 3, were incurred as of sale of thor as settlement payments or as authorized re	annual releases the Commonwealth from further claims related to these states are properly	
Date are authorized to be incorporated into this Contract. Acceptance of payment	as located with no new obligations being incurred after this date unless the contract any claim or dispute,	
CONTRACT END DATE: Contract performance shall terminate as of June 30	ts forever releases the Commonwealth from further claims related to these obligations ts forever releases the Commonwealth from further claims related to these obligations ts forever the property of the purpose of resolving any claim or dispute, one and obligations shall survive its termination for the purpose of resolving any claim or dispute, one and obligations shall survive its termination for the purpose of resolving any lapse between ransition performance, reporting, invoicing or final payments, or during any lapse between	
amended, provided that the terms of this Contract and penormalice exposure	ransition performance, reporting, invoicing or littal payments	
amendments.	rties, the "Effective Date" of this contract or Amendment Start Date specified above, subject to any required	
CERTIFICATIONS: Notwithstanding verbal of data to determine the Contractor, an authorized signatory of the Contractor,	rties, the "Effective Date" of this contract or Amendment Start Date specified above, subject to any requirement, or a later Contract or Amendment Start Date specified above, subject to any requirement the pains and the contractor Certifications (incorporated by reference if not attached hereto) under the pains and edge of the Contract and doing performance of this Contract and doing est to support compliance, and agrees that all terms governing performance of this Contractor's Response, and the Contractor's Response only if made using the contractor's Response only if made using	
Amendine it has been strong and provided under the addor-	ed Johnson and agrees that all terms governing personnel. Commenced the Terms and	
penalties of perjury, agrees to provide any required documentation upon required perjury.	ccording to the following hierarchy of document precedence, at a solicitation, the Contractor's Response,	
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Conditions, this Standard Condition of the Additional negotiated terms will additional negotiated terms provided that additional negotiated terms will be additional negotiated terms.	est to support compilance, and egisted to the following hierarchy of document precedence, the applicable Commonwealth Contractor's Response, actor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response only if made using take precedence over the relevant terms in the RFR and the Contractor's Response only if made using take precedence over the relevant terms result in best value, lower costs, or a more cost effective Contract.  ANTHORIZING SIGNATURE FOR THE COMMONWEALTH:	
and additional negotiated to 801 CMR 21,07, incorporated herein, provided that any	AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:	
1ONTRIC CICNATURE FUR THE CONTRACTOR		
Date: The state of	X: V V V Pa Vandwritten At Time of Signature)	
X: Men Lie Work Signature and Date Must Be Handwritten At Time of Signature)	(Signature and Date Must be naturally of the last of t	
	Print Name: Print Title:	
Print Name: itelevi to wastratov. Print Title: Town Administratov.		
Little tree.		

(M) (Spdated 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

agreements, engagement leads, owners that are incorporated by refereit definitions, instructions and legal requirements that are incorporated by refereit definitions, instructions and legal requirements that are incorporated by refereit definitions.	and under OSD Forms.
definitions, instructions and legal requirements that are incorporated by related 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 I EGAL NAME:	The Developer Code: FLD
CONTRACTOR LEGAL NAME: CITY OF REVERE	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
Laddrage (MA WAT&C):	Busiless maning ,
281 BROADWAY REVERE MA 02151-5027	Billing Address (if different):
Contract Manager: Stephen Fielding	Contract Manager: Stacey O'Connell
E-Mail: sfielding@revere.org	The Stage O'Connell@MassMail.state.ma.us
Phone: 781-286-8156	Phone:1-617-222-7419 Fax: 1-617-727-9368
Contractor Vendor Code: VC6000192136	MMARS Doc ID(s): FY18COARevere0000000
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS DOCIDISE FY 100 0 1111 Award
<u>Vendor Code Address ID (e.g.</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
PROCUREMENT OR EXCEPTION TITE. (officers and penartment)	Enter Current Contract Picture (or "no change")  Enter Amendment Amount: \$ (or "no change")  AMENDMENT TYPE: (Check one option only, Attach details of Amendment changes.)
Statewide Contract (OSD or an OSD-designated Department)  Statewide Contract (OSD or an OSD-designated Department)  Collective Purchase (Attach OSD approval, scope, budget)  Collective Purchase (Attach OSD approval approval grants 815 CMR 2.00)	AMENDMENT TYPE: (Check one option only. Attach undeted score and budget)
Collective Purchase (Attach OSD approved Federal grants 815 CMR 2.00)	
Department Procurement (includes State or Pedel arguments of the Commentation) (Attach RFR and Response or other procurement supporting documentation) (Attach RFR and Response or other procurement supporting documentation)	Interim Contract (Attach justification for Interim Contract and aparticular an
(Attach RFR and Response or other procurement supporting to the company copies of the company copies of the copies	Contract Employee (Attach any updates to scope or budget)  Contract Employee (Attach any updates to scope or budget)  Contract Employee (Attach any updates to scope or budget)
Contract Employee (Allacii Employment State Contract Employee Cont	Legislative/Legal or Other: (Aliach additionally land)
X Legislative/Legal or Other. (Allacti dutionally	and budget)
scope and budget	executed, filed with CTR and is incorporated by reference into this
The following COMMONWEALTH TERMS AND CONDITIONS (Commonwealth Terms a	and Conditions For Human and Social Services.
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1, may be incurred as of the Effective Date   ATER than the Effective Date	te below and <u>no</u> obligations have been incurred <u>prior</u> to the <u>Effective Date</u> .  below, and the parties agree that payments for any obligations incurred prior to the <u>Effective</u> below, and the parties agree that payments for any obligations incurred prior to the <u>Effective</u> below, and the parties agree that payments, and that the details and circumstances of all obligations under this impurpose releases the Commonwealth from further claims related to these obligations.
2. may be incurred as of 2017, a date PRIOR to the Effective Date	below, and the parties agree that paymonts and circumstances of all obligations under this
Date are authorized to be made date.	ts forever releases the Commonwealth from further claims related to these obligations testing from further claims related to these obligations being incurred after this date unless the Contract is properly with no new obligations being incurred after this date unless the Contract is properly dispute, 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, invoicing or final payments, or during any lapse between
Contract are attached this most performance shall terminate as of June 30	hth, 2018 with no new obligations being incurred after this date unless the Contract is properly the contract in the contract in the contract is properly the contract in the contract in the contract is properly the contract in th
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for completing any negotiated terms and warranties, to allow any close out or u	district percentage of the Contract of
amendments.	in the street of the Date" of this Collider of American Street of the St
TENTIFICATIONS: Notwithstanding verbal or other representations by the par	the Department, or a later Contract or Amendment Start Date specified above, subject to any other the Department, or a later Contract or Amendment Start Date specified above, subject to any other pains and ed Contractor Certifications (incorporated by reference if not attached hereto) under the pains and ed Contractor Commonwealth Terms and support compliance, and agrees that all terms governing performance of this Contractor's Response
Arrandment has been executed by an authorized signatory of the Contractor,	ed Contractor Certifications (incorporated by reference if not attached hereto) and contract and doing
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the process outlined in GOT OWN PACTOR:	AUTHORIZING SIGNATURE.
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X: X: And Date West Be Handwritten At Time of Signature)	
(Signature and pate drawn AMM (	Print Name: Print Title:
Print Name:	FIRE time.
Print Title: AA701	



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OWN OF RICHMOND	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): 529 STATE RD RICHMOND MA 01254-5094	Billing Address (if different):
529 STATE RD RICHMOND WAS COLUMN	Billing Address in Williams O'Connell
ontract Manager: Phyllis Lebeau	Contract Manager: Stacey O'Connell
:ontract warrage:. + + y	E-Mail: Stacey.O'Connell@MassMail.state.ma.us  Fax: 1-617-727-9368
Phone: 413-698-3656	51 A-4 647-999-1419
Contractor Vendor Code: V C 6000191957	MMARS Doc ID(s): FY 18 COARich mond 0 0 0 0 0
Address ID (e.g. "AD001"): AU001.	PER/Decurement or Other ID Number: Grant Award
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	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20
TO THE TARGET TO EVER PURE TITLE TO THE TENT OF THE TE	Enter Current Contract End Sets (or "no change")  Enter Amendment Amount: \$ (or "no change")  Enter Amendment Amount: \$ (or "no change")
Collective Purchase (Allacit OOD approved grante 815 CMR 2.00)	AMENDMENT TYPE: (Check one option only)  Amendment to Scope or Budget (Attach updated scope and budget)  Amendment to Scope or Budget (Attach updated scope and budget)
Department Procurement (molecos statementation)	Interim Contract (Attach justification for linearing contract
Emergency Contract (Allact Justices of the Form score hidget)	Interim Contract (Attach Joseph Contract Employee (Attach any updates to scope or budget)  Contract Employee (Attach any updates to scope or budget)  Legislative/Legal or Other: (Attach authorizing language/justification and updated scope
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Contract Employee (Attach authorizing language/justitication,  X Legislative/Legal or Other: (Attach authorizing language/justitication, scope and budget  The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been exceeded by the commonwealth Terms and Conditions  Commonwealth Terms and Conditions	ecuted, filed with CTR and is incorporated by reference and this contract
The following COMMONWEALTH TERMS AND CONDITIONS (1 dC) has been sent	Conditions For Human and Social Services.
X Commonwealth Testing diff.	the strong performance accepted in accordance with the strong of CMR 9.00
X_Commonwealth Terms and Conditions  COMPENSATION: (Check ONE option): The Department certifies that payments for a in the state accounting system by sufficient appropriations or other non-appropriated find the state accounting system by sufficient appropriations or other non-appropriated find the state accounting system by sufficient appropriation. Attach details of all rates, units, calculating the contract. Enter Total Maximum Obligation for total duration.	authorized performance to Commonwealth owed debts under 613 Civil 3.00.
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This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional terms as part of this Contract without prior Department approval. Click on hyperlinks for agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for agreements, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at

CONTRACTOR LEGAL NAME:	e For vehicois - Forms of tratamises 2	Service Makes English Office of Elder Affairs	
CONTRACTOR LEGAL IN MAN	e For Vendors - Forms or www.mass.gov/o	COMMONWEALTH BELLYWITH	
TOWN OF ROCHESTER		MMARS Department Code: ELD	
<u>Legal Address</u> : <b>(W-9, W-4,T&amp;C)</b> : 1 CONSTITUTION WAY ROCHESTER MA 02	770-2029	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Sharon L. Lally		Billing Address (if different):	
		Contract Manager: Stacey O'Connell	
E-Mail: director.rcoa@comcast.net	Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Phone: 508-763-8723		Phone:1-617-222-7419 Fax: 1-617-727-9368	
		MMARS Doc ID(s): FY18COAR ochester 0000	
<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	
		CONTRACT AMENDMENT	
X Commonwealth Terms and Conditions  COMPENSATION: (Check ONE option): in the state accounting system by sufficien Rate Contract (No Maximum Obligatio X Maximum Obligation Contract Enter  PROMPT PAYMENT DISCOUNTS (PPD) identify a PPD as follows: Payment issued 30 days % PPD. If PPD percentages an payment (subsequent payments scheduled  BRIEF DESCRIPTION OF CONTRACT PI the municipalities of the Commonwealth. T identified in the annually published COA For	nated Department) , scope, budget) or Federal grants 815 CMR 2.00) ement supporting documentation) or emergency, scope, budget) tatus Form, scope, budget) tithorizing language/justification,  AS AND CONDITIONS (T&C) has been excommonwealth Terms and The Department certifies that payments for an appropriations or other non-appropriated from. Attach details of all rates, units, calculation Total Maximum Obligation for total duration.  It Commonwealth payments are issued that dividing 10 days PPD; Payment issue the left blank, identify reason: X agree to state the support standard EFT 45 day payment of the support standard EFT 45 day payment to the support standard EFT 45 day payment 50 day	Enter Current Contract End Date Prior to Amendment:	
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want mass noulose under C	legal requirements that are incorporated by Forsion Buidance For Vendors - Forms_or www.mass.gov/c	
CONTRACTOR LEGAL NAME:		COMMONWEALTH DEPARTMENT MANUEL
TOWN OF ROCKLAND		MMARS Department Code: ELD
Legal Address: (W-9, W-4,T&C): 242 UNION ST ROCKLAND MA 02370	ı-1804	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
Contract Manager: Margaret Bryan	1004	Billing Address (if different):
		Contract Manager: Stacey O'Connell
E-Mail: rocklandseniors@yahoo.com	Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us
Phone: 781-871-1266		Phone:1-617-222-7419 Fax: 1-617-727-9368
Contractor Vendor Code: V C 6 0 0 0		MMARS Doc (D(s): FY18COAR ockland00000
Vendor Code Address ID (e.g. "AD0	ofor SET navments	RFR/Procurement or Other ID Number: Grant Award
Note: The Address Id Must be set up	) to <u>cr ryay</u> ments,	CONTRACT AMENDMENT
(Attach RFR and Response or other Emergency Contract (Attach justific Contract Employee (Attach Employ X Legislative/Legal or Other: (At	O-designated Department) pproval, scope, budget) State or Federal grants 815 CMR 2.00) procurement supporting documentation) cation for emergency, scope, budget) ment Status Form, scope, budget) tach authorizing language/justification,	Enter Current Contract End Date <a href="Prior">Prior</a> to Amendment:
		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.
Rate Contract (No Maximum C X Maximum Obligation Contract PROMPT PAYMENT DISCOUNTS identify a PPD as follows: Paymen 30 days % PPD. If PPD percents payment (subsequent payments scheme) BRIEF DESCRIPTION OF CONTR the municipalities of the Commonweigentified in the annually published of the commonweigentified in the commonweigenti	the triangular of	us-based allocation of available grant funding. Fugals may support Council on Aging activities as us-based allocation of available grant funding. Fugals may support Council on Aging activities as use period for this award is 7/1/2016 6/30/2016. The municipality will complete a final fiscal use grant funding is confingent on satisfactory prior year performance.
ANTICIPATED START DATE: (61. may be incurred as of the E2. may be incurred as ofX_3. were incurred as ofX_however incurred as of	Complete ONE option only) The Department and Confective Date (latest signature date below) and no confective Date LATER than the Effective Date below, a date PRIOR to the Effective Date below as settlement payments or as authorized reimber.	obligations have been incurred <u>prior</u> to the <u>Effective Date</u> .  below and <u>no</u> obligations have been incurred <u>prior</u> to the <u>Effective Date</u> .  bow, and the parties agree that payments for any obligations incurred prior to the <u>Effective</u> our and the payments, and that the details and circumstances of all obligations under this payments, and that the details are the payments and the payments, and the payments are the first payments and the payments.
Contract are attached and incorpor  CONTRACT END DATE: Contract  amended, provided that the terms for completing any negotiated terms	ct performance shall terminate as of <u>June 30th</u> , sof this Contract and performance expectations 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, and obligations shall survive its termination for the purpose of resolving any lapse between sition performance, reporting, invoicing or final payments, or during any lapse between
Amendment has been executed approvals. The Contractor make penalties of perjury, agrees to pr	by an authorized signatory of the attached (see all certifications required under the attached (see any required documentation upon request to the attached or incorporated by reference herein according to the attached or incorporated by reference herein according to the attached or incorporated by reference herein according to the attached or incorporated by reference herein according to the attached or incorporated by reference herein according to the attached of the attac	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 require Contractor Certifications. (Incorporated by reference if not attached hereto) under the pains an os 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 precedence over the relevant terms in the RFR and the Contractor's Response only if made using tended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

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	al requirements that are intorporated by release tance For Vendors - Forms or www.mass.gov/c	O O LITTLE OF THE PARTY OF THE	Executive Office of Exerc
CONTRACTOR LEGAL NAME: TOWN OF ROCKPORT		MMARS Department Code: ELD  Business Mailing Address: 1 Ashburtor	Place Room 517, Boston, MA 02108
Legal Address: (W-9, W-4,T&C):			Triaco Nooni V
PO BOX 15 ROCKPORT MA 01966-0015		Billing Address (if different):	
Contract Manager: Diane Bertolino		Contract Manager: Stacey O'Connell	
E-Mail: dbertolino@rockportma.gov	Fax:	E-Mail: Stacey.O'Connell@MassMail.sta	te,ma,us
Phone: 978-546-2573		Phone:1-617-222-7419	Fax: 1-61/-/2/-9300
Contractor Vendor Code: V C 6 0 0 0 1	91900	MMARS Doc ID(s): FY18COARock	port00000
Vendor Code Address ID (e.g. "AD001"	); AD <u>001</u> .	RFR/Procurement or Other ID Number:	Grant Award
Note: The Address Id Must be set up fo	or <u>EFT</u> payments.)	CONTRA	CT AMENDMEN!
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scope and budget		xecuted, filed with CTR and is incorporated and Conditions For Human and Social Services.	by reference into this continue.
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Contract are attached and incorporate CONTRACT END DATE: Contract amended, provided that the terms for completing any negotiated terms	st. 2017, a date PRIOR to the Effective Date by the ras settlement payments or as authorized reinted into this Contract. Acceptance of payments to this Contract and performance expectations and warranties, to allow any close out or training the results of the contract and performance expectations.	nbursement payments, and that the details the forever releases the Commonwealth from furth n. 2018 with no new obligations being incurred s and obligations shall survive its termination nsition performance, reporting, invoicing or fin	ner claims related to these obligations.  I after this date unless the Contract is properly dispute,

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

agreements, engagement letters, contract forms of other adultional definitions, instructions and legal requirements that are incorporated by reference the forms of www.mass.gov/	nce into this Contract. An electronic cupy of and total and a second contract.
www.mass.gov/osc_under_guidance ; o; vens	COMMONWEALTH DEPARTMENT NAME. Executive
CONTRACTOR LEGAL NAME:	Codo: EID
OWN OF ROWE	MMARS Department Code. LED  Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
<u>egal Address</u> : (W-9, W-4,T&C): 21 ZOAR RD ROWE MA 01367-9728	Billing Address (if different):
Contract Manager: Sandra Daviau	Contract Manager: Stacey O'Connell
-Mail: collector@rowe-ma.gov	E-Mail: Stacey.O'Connell@MassMail.state.ma.us
Phone: 413-339-5520	E-Mail: Stacey.0 Commencement Fax: 1-617-727-9368
<u>Phone:</u> 415-055-3220 Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 6 1	Phone: 1-617-222-7419 Fax: 1-617/27-3333  MMARS Doc ID(s): FY 18 C O A R o w e 0 0 0 0 0 0 0 0
/endor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc IUISE F116 00 Minus Grant Award
<u>Vendor Code Address ib (e.g. Nobel</u> Note: The Address Id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award CONTRACT AMENDMENT
	CONTRACT AMENDMENT: 20
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Contract Employee (Attach Employment Status Form, Scope, 64357)  X Legislative/Legal or Other: (Attach authorizing language/justification,	and budget)
	executed, filed with CTR and is incorporated by reference into this
The following COMMONWEALTH TERMS AND COMMONWE	executed, filed with CTR and is interested.  and Conditions For Human and Social Services.
X Commonwealth Terms and contents	or authorized performance accepted in accordance with the terms of this contact the
Commonwealth Terms and observed the Department certifies that payments for in the state accounting system by sufficient appropriations or other non-appropriate in the state accounting system by Sufficient appropriations or other non-appropriate in the state accounting system Obligation. Attach details of all rates, units, calcu	of dunds, subject to intercept for Commonwealth owed debts trider of 3 of Notes and all dunds, subject to intercept for Commonwealth owed debts trider of the order of the ord
In the state accounting system by the state of all rates, units, calcu	Hagoris, conditions of the state of the stat
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CERTIFICATIONS: Notwithstanding verbal or other representations by the Contractor.	the Department, or a later Contract or Amendment Start Date specified above, subject to any other the Department, or a later Contract or Amendment Start Date specified hereto) under the pains an led Contractor Certifications. (incorporated by reference if not attached hereto) under the pains an led Contractor Certifications. (incorporated by reference if not attached hereto) under the pains and est to support compliance, and agrees that all terms governing performance of this Contractor's Responsibility to the following hierarchy of document precedence, the applicable Commonwealth Terms and the contractor's Responsibility to the Contractor's Responsibility.
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penalties of perjury, agrees to provide a provided by reference herein a business in Massachusetts are attached or incorporated by reference herein a	set to support compliance, and agrees that all terms governing performance of this contract and est to support compliance, and agrees that all terms governing performance of this contractor's Response according to the following hierarchy of document precedence, the applicable Commonwealth Terms and according to the following hierarchy of document precedence, the applicable Commonwealth Terms and factor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response only if made using the response over the relevant terms in the RFR and the Contractor's Response only if made using the response over the relevant terms in the RFR and the Contractor's response only if made using the response over the relevant terms in the RFR and the Contractor's Response only if made using the response over the relevant terms in the RFR and the Contractor's Response only if made using the response over the relevant terms in the RFR and the Contractor's Response only if made using the response over the relevant terms in the RFR and the Contractor's Response only if made using the response over the relevant terms in the RFR and the Contractor's Response only if made using the response of the relevant terms in the RFR and the Contractor's Response only if made using the response of the relevant terms in the RFR and the Contractor's Response only if made using the response of the relevant terms in the RFR and the Contractor's Response only if the relevant terms in the RFR and the Contractor's RFR and the Contractor's RFR and the RFR and the Contractor's RFR and the R
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Mail: brienne.walsh@townofrowley.org	Céana O'Connell
	Contract Manager: Stacey O'Connell
	F. Mail: Stacey.O'Connell@MassMail.state.ma.us
one: 978-948-7637	Phone:1-617-222-7419 Fax: 1-617-727-9306
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Amendment has been executed approvals. The Contractor makes all certifications required under the attact approvals. The Contractor makes all certifications required documentation upon requested to perjury, agrees to provide any required documentation upon requested in Massachusetts are attached or incorporated by reference herein	parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or recovery the Department, or a later Contract or Amendment Start Date specified above, subject to any require or the Department, or a later Contract or Amendment Start Date specified above, subject to any require check the Department of the Department of the Contract of the Contract and doing quest to support compliance, and agrees that all terms governing performance of this Contract and doing a coording to the following hierarchy of document precedence, the applicable Commonwealth Terms and according to the following hierarchy of document precedence, the applicable Commonwealth Terms and according to the following hierarchy of Response (RFR) or other solicitation, the Contractor's Response only if made using take precedence over the relevant terms in the RFR and the Contractor's Response only if made using any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract any amended RFR or Response terms result in the RFR and the Commonwealth.
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www.mass.gov/osc under Galacings	COMMONWEALTH DEPARTMENT NAME.
ONTRACTOR LEGAL NAME:	tourst Code: EID
OWN OF RUSSELL	MMARS Department Code: LED  Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
gal Address: (W-9, W-4,T&C): ) BOX 407 RUSSELL MA 01071-0407	Billing Address (if different):
ontract Manager: Heather Morgan	Contract Manager: Stacey O'Connell
Mail: hmorgan125@gmail.com	E-Mail: Stacey.0'Connell@MassMail.state.ma.us
hone: 413-862-6205	E-Mail: Stacey.0 Goldman Fax: 1-617-727-9368  Phone:1-617-222-7419  Fax: 1-617-727-9368
ontractor Vendor Code: VC6000191964	MMARS Doc ID(s): FY18COARussell000000
endor Code Address ID (e.g. "AD001"): AD001.	RFR/Procurement or Other ID Number: Grant Award
Vote: The Address Id Must be set up for <u>EFT</u> payments.)	CONTRACT AWENDWENT
	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	Enter Current Contract End Sate 1959  (or "no change")  Enter Amendment Amount: \$
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Department Procurement (includes state of 7 octobring documentation)	Contract (Attach institucation for integral Contract and I
(Attach RFR and Response of other production for emergency, scope, budget)	Contract Employee (Attach any updates to scope or budget)  Contract Employee (Attach any updates to scope or budget)  Contract Employee (Attach authorizing language/justification and updated scope
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	executed, filed with CTR and is incorporated by rejection in the second second services.
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approvals. The Contractor Market Provide any required documentation upon required page 15 of periury, agrees to provide any required documentation upon required	according to the following hierarchy of document precedence, the applicable Contractor's Response
business in Massachusetts are attached or incorporated by reference refers to	hed <u>Contractor Certifications</u> , and agrees that all terms governing performance of this Contract and lest to support compliance, and agrees that all terms governing performance of this Contractor according to the following hierarchy of document precedence, the applicable <u>Commonwealth Terms at according to the following hierarchy of document precedence, the applicable <u>Commonwealth Terms at tractor Certifications</u>, the Request for Response (RFR) or other solicitation, the Contractor's Response only if made using the contractor of the property of the property of the contractor of the property of the contractor of the contractor of the property of the contractor of th</u>
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Print Name: WAY ME S PLACANICO Print Title: BUSSEL SPLACEBUANS CHALLAND	J





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

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www.mass.gov/gsc united osage.	MMARS Department Code: ELD
<u>CONTRACTOR LEGAL NAME</u> : TOWN OF RUTLAND	MMARS Department Code: ELD  Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
	Business Mailing Address.
<u>Legal Address:</u> <b>(W-9, W-4,T&amp;C):</b> 250 MAIN ST RUTLAND MA 01543-1376	Billing Address (if different):
250 MAIN ST ROTEINS INVESTIGATION OF THE CONTRACT Manager: Nancy Nichols	Contract Manager: Stacey O'Connell
Contract Manager, Narroy North	OCCuppell@MassMajl.State.ina.us
E-Mail: director@rutlandcoa.com	E-Mail: Stacey, 0 Contrengues Fax: 1-617-727-9368
Phone: 508-886-7945	Phone: 1-617-222-7419 Fax. 1-017-32-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 6 5	MMARS Doc ID(s): FY 18 COARCATO
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.)	CONTRACTORICATI
X NEW CONTRACT	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20
T	Enter Current Contract Enter Bate - 1/15 - 1/15 (or "no change")  Enter Amendment Amount: \$ (or "no change")  AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)  AMENDMENT TYPE: (Check one option only. Attach undated scope and budget)
Statewide Contract (OSD or an OSD-designated Department)	AMENDMENT TYPE: (Check one option and budget)
Collective Purchase (Attach Odd upproving Finders) groups 815 CMR 2.00)	AMENDMENT TYPE: (Check one option only)  Amendment to Scope or Budget (Attach updated scope and budget)  Amendment to Scope or Budget (Attach updated scope and updated scope/budget)
Department Procurement (includes state apporting documentation)	Interim Contract (Attach justification for Interim Contract
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X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget  The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been a commonwealth Terms and Conditions  Commonwealth Terms and Conditions	executed, filed with CTR and is incorporated by reference line this
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BRIEF DESCRIPTION OF CONTROL	nt cycle. See Prompt Pay Discounts Policy.)  The cycle See Prompt Pay Discounts Policy.  NDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of NDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging activities as sensus-based allocation of available grant funding.  Fig. 12. The municipality will complete a final fiscal pages period for this award is 7/1/2015—6/30/2012 the municipality will complete a final fiscal pages period for this award is 7/1/2015—6/30/2012 the municipality will complete a final fiscal pages period for this award is 7/1/2015—6/30/2012 the municipality will complete a final fiscal pages period for this award is 7/1/2015—6/30/2012 the municipality will complete a final fiscal pages period for this award is 7/1/2015—6/30/2012 the municipality will complete a final fiscal pages period for this award is 7/1/2015—6/30/2012 the municipality will complete a final fiscal pages period for this award is 7/1/2015—6/30/2012 the municipality will complete a final fiscal pages period for this award is 7/1/2015—6/30/2012 the municipality will complete a final fiscal pages period for this award is 7/1/2015—6/30/2012 the municipality will complete a final fiscal pages period for this award is 7/1/2015—6/30/2012 the municipality will complete a final fiscal pages period for this award is 7/1/2015—6/30/2012 the municipality will complete a final fiscal pages period for this award is 7/1/2015—6/30/2012 the municipality will complete a final fiscal pages period for this award is 7/1/2015—6/30/2012 the municipality will complete a final fiscal pages period for this award is 7/1/2015—6/30/2012 the municipality will complete a final fiscal pages period for this award is 7/1/2015—6/30/2012 the municipality will complete a final fiscal pages period for the first pages period fo
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for completing any negotiated terms and warranteer	retries, 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 the Department, or a later Contract or Amendment Start Date specified above, subject to any required the Department, or a later Contract or Amendment Start Date specified above, subject to any requirement of this Contract and doing
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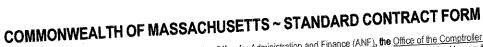
This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be vold. 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 terms as part of this Contract. An electronic copy of this form is available at

WALL MARK HANDL CHICAGO TO TANKE THE PROPERTY OF THE PROPERTY	Ince Into this Contract, An electronic copy of this form is available at a loss under OSD Forms.  COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs
definitions, instructions and legal requirements that are incorporated by relete www.mass.gov/osc under <u>Guldance For Vendors - Forms</u> or <u>www.mass.gov</u>	QUIMI GITTE I TO THE TOTAL TO T
ITY OF SALEM	MMARS Department Code: ELD  Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
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3 WASHINGTON ST SALEM MA 01870-3327	Billing Address (If different):
Contract Manager: Trish O'Brien	Contract Manager: Stacey O'Connell
-Mail: lamold@salem.com.	F Mail: Stacev.O'Connell@MassMall.state,ma.us
Phone: 978-744-0924 Fax:	Phone: 1-617-222-7419 Fax: 1-617-727-9368
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scone and budget	greated filed with CTR and is incorporated by reterence into this Contract.
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X 3. Were incurred as of Suly 19th 19th and property or as authorized re	imbursement payments, and trial the details to the related to these obligations.
Contract are attached and incorporated before any contract are attached and incorporated performance shall terminate as of June 30 amended, provided that the terms of this Contract and performance expectation amended, provided that the terms and warranties, to allow any close out or tracks.	th, 2018 with no new obligations being incurred after the date with no new obligations shall survive its termination for the purpose of resolving any claim or dispute, an silion performance, reporting, involcing or final payments, or during any lapse between ansilion performance, reporting, involcing or final payments, or during any lapse between
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CERTIFICATIONS: Notwithstanding verbal or other representations by the part 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 requestions in Massachusetts are attached or incorporated by reference herein and Conditions, this Standard Contract Form including the Instructions and Contract Form inc	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 and Contractor Certifications (incorporated by reference if not attached hereto) under the palms and start of the contractor 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 coording to the following hierarchy of document precedence, the applicable Commonwealth Terms and coordinations, the Request for Response (RFR) or other solicitations, the Contractor's Response lake precedence over the relevant terms in the RFR and the Contractor's Response only if made using a mended RFR or Response terms result in best value, tower costs, or a more cost effective Contract.  AUT/IDRIZING SIGNATURE-FOR THE COMMONWEALTH:  X:  (Signature and Date Must Be Handwritten At Time of Signature)  Print Name:
CERTIFICATIONS: Notwithstanding verbal or other representations by the part 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 requestusiness in Massachusetts are attached or incorporated by reference herein and Conditions, this Standard Contract Form including the Instructions and Contract Conditional negotiated terms, provided that additional negotiated terms will and additional negotiated terms will the process outlined in 801 CMR 21.07, incorporated herein, provided that any AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	ed Contractor Certifications (incorporated by relative to support compliance, and agrees that all terms governing performance of this Contract and doln ist to support compliance, and agrees that all terms governing performance of this Contract and doln coording to the following hierarchy of document precedence, the applicable Commonwealth Terms are coording to the following hierarchy of document precedence over the relevant terms in the RFR and the Contractor's Response only if made using a support of the relevant terms in the RFR and the Contractor's Response only if made using a support of the relevant terms result in best value, lower costs, or a more cost effective Contract arrended RFR or Response terms result in best value, lower costs, or a more cost effective Contract arrended RFR or Response terms result in best value, lower costs, or a more cost effective Contract arrended RFR or Response terms result in best value. Date:  X:  (Signature and Date Must Be Handwritten At Time of Signature)

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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
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_Guldance For Vendere	e into this Contract. An electronic copy of this terminate of the Contract.  d under OSD Forms.
	COMMONWEALTH DEPARTMENT NAME: Executive office of Ename
NTRACTOR LEGAL NAME: NN OF SALISBURY	MMARS Department Code: ELD  Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
gal Address: (W-9, W-4,T&C):	Business Mailing Address: 1 Ashburton Place Room 97,
EACH RD SALISBURY MA 01952-2056	Billing Address (if different):
ntract Manager: Elizabeth Pettis	Contract Manager: Stacey O'Connell
Mail: epettis@salisburyma.gov	F Maily Stacey O'Conneil@MassMail.state.ma.us
ione: 978-462-2412 Fax:	Phone:1-617-222-7419 Fax: 1-617-727-9368
ontractor Vendor Code: V C 6 0 0 0 1 9 1 9 6 6	MMARS Doc ID(s): FY18COASalisbury0000
andor Code Address ID (e.g. "AD001"); AD001.	RFR/Procurement or Other ID Number: Grant Award
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TO THE PARTY OF TH	- 4 - Compart Contract End Date Prior to Amendment:, 20
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(Attach RFR and Response of other production for emergency, scope, budget)  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
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	and budget) and filed with CTR and is incorporated by reference into this Contract.
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the municipalities of the commonweal terms and contract performance shall terminate as of Juny 1st, 2017, a date PRIOR to the Effective Date below as authorized to be made either as settlement payments or as authorized reimt Contract are attached and incorporated into this Contract and performance expectations for completing any negotiated terms and warranties, to allow any close out or transfer commelting any negotiated terms and warranties, to allow any close out or transfer completing any negotiated terms and warranties, to allow any close out or transfer completing any negotiated terms and warranties, to allow any close out or transfer completing any negotiated terms and warranties, to allow any close out or transfer completing any negotiated terms and warranties, to allow any close out or transfer completing any negotiated terms and warranties, to allow any close out or transfer completing any negotiated terms and warranties, to allow any close out or transfer completing any negotiated terms and warranties, to allow any close out or transfer completing any negotiated terms and warranties, to allow any close out or transfer completing any negotiated terms and warranties, to allow any close out or transfer completing any negotiated terms and warranties, to allow any close out or transfer completing any negotiated terms and warranties, to allow any close out or transfer completing any negotiated terms and warranties.	lad grant funding is contingent on satisfactory prior year performance.  July grant funding is contingent on satisfactory prior year performance.  July grant funding is contingent on satisfactory prior year performance.  July grant funding is contingent on satisfactory prior year performance.  July grant funding is contingent on satisfactory prior to the Effective Date.  July grant payments have been incurred prior to the Effective Date.  July grant prior to the Effective Date.  July
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agreements, engagement letters, contract comms or comporated by refer definitions, instructions and legal requirements that are incorporated by refer www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov	viosd under OSD Forms.  COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs
www.mass.gov/osc under Guidance 1 or Verraus	COMMONWEALTH DEPARTMENT NAME, LABOUR
CONTRACTOR LEGAL NAME:	MMARS Department Code: ELD
OWN OF SANDWICH	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
<u>egal Address</u> : <b>(W-9, W-4,T&amp;C)</b> : 30 MAIN ST SANDWICH MA 02563-2208	Billing Address (if different):
Contract Manager: Joanne Geake	Contract Manager: Stacey O'Connell
E-Mail: jgeake@townofsandwich.net	E-Mail: Stacey.O'Connell@MassMail.state.ma.us
Phone: 508-833-8020 Frax.	Dhone-1-617-722-1415
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 6 8	MMARS Doc ID(s): FY18COASandwich00000
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 EFT payments.)	CONTRACT AMENDMENT
X NEW CONTRACT	Enter Current Contract End Date (1989)
SPOCHERENT OF EXCEPTION TYPE: CHECK ONE SPACE	Enter Gurrent Contract Line 2 (or "no change")  Enter Amendment Amount: \$ (or "no change")  AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)
Statewide Contract (OSD or an OSD-designated Department)	
Collective Purchase (Attach Cold approve, 5 Todard grants 815 CMR 2.00)	AMENDMENT TYPE: (Check one Option  Amendment to Scope or Budget (Attach updated scope and budget)  Amendment to Scope or Budget (Attach updated scope/budget)
Department Procurement (includes oracle supporting documentation)	Interim Contract (Attach justification for interior contract
(Attach RFR and Response or other procurentent supporting the support of the support	Interim Contract (Attach any updates to scope or budget)  Contract Employee (Attach any updates to scope or budget)  Legislative/Legal or Other: (Attach authorizing language/justification and updated scope
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Contract Employee (Attach Employment Status Form, Stope, Laboration, X_Legislative/Legal or Other: (Attach authorizing language/justification,	and budget)
scope and budget	executed, filed with CTR and is incorporated by the second
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COMPENSATION: (Check ONE option): The Department Certains are of their non-appropriate	ed funds, subject to intercept for Commonwealth owed debta strates or terms are being amended.)
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30 days % PPD. If PPD percentages are left blank, locally recommendated and selection of the support standard EFT 45 day payme	int cycle. See Prompt Pay Discouris Policy.)
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roport accomming to how those given	A Contractor certity in this customer, or other
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Date are authorized to be made district this Contract. Acceptance of paymen	this totever releases the obligations being incurred after this date unless the contract is proposity
2100 mb n dm 0110	a destination of this common of the control of the
CEPTIFICATIONS: Notwithstanding verbal or other representations by the Pa	rties, the "Effective Date" of this contract or Amendment Start Date specified above, subject to any four- the Department, or a later Contract or Amendment Start Date specified above, subject to the pains and sed Contractor Certifications. (incorporated by reference if not attached hereto) under the pains and set to support compliance, and agrees that all terms governing performance of this Contract and doing set to support compliance, and agrees that all terms governing performance of this Contract and doing set to support compliance, and agrees that all terms governing performance of this Contract and doing set to support compliance, and agrees that all terms governing to the following hierarchy of document precedence, the applicable Commonwealth Terms and
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AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	
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(Signature and Date Must Be Handwritten At Time of Signature)  Print Name: Concerning the Concer	
Date: (Signature and Date Must Be Handwritten At Time of Signature)	Print Name:



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agreements, engagement letters, definitions, instructions and legal rec www.mass.gov/osc under Guidance	For Vendors - Forms of www.mosense	losd under OSD Forms.  COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs
NTRACTOR LEGAL NAME:		Codo: FID
WN OF SAUGUS		<u>MMARS Department Code</u> : LLD <u>Business Mailing Address</u> : 1 Ashburton Place Room 517, Boston, MA 02108
gal Address: (W-9, W-4,T&C): 3 CENTRAL ST SAUGUS MA:01906-2152		Billing Address (if different):
ontract Manager: Joanne Olsen		Contract Manager: Stacey O'Connell
Mail: jolsen@saugus-ma.gov		E-Mail: Stacey.O'Connell@MassMail.state.ma.us
none: 781-231-4178	Fax:	Phone:1-617-222-7419 Fax: 1-617-727-9368
one: 787-207-4110 Intractor Vendor Code: V C 6 0 0 0 1 9 1 9	169	MMARS Doc ID(s): FY18COASaugus0000000
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X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (	(Check one option only)	Enter Current Contract End Date Prior Control Control Change")  Enter Amendment Amount: \$(or "no change")  Enter Amendment Amount: \$(or "no change")
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CONTRACTOR LEGAL NAME:	COMMONALACTION CONTRACTOR	
TOWN OF SCITUATE	MMARS Department Code: ELD  Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Legal Address: (W-9, W-4,T&C):		
600 CHIEF JUSTICE CUSHING HWY SCITUATE INA 02000 025.	Billing Address (if different):	
Contract Manager: Linda P. Hayes	Contract Manager: Stacey O'Connell	
E-Mail: lhayes@scituatema.gov	E-Mail: Stacey.O'Connell@MassMail.state.n	1a.us
Phone: 781-545-8722	Phone:1-617-222-7419	Fax: 1-617-727-9368
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 7 1	MMARS Doc ID(s); FY18COAScituat	e00000
Vendor Code Address ID (e.g. "AD001"): AD001.	RFR/Procurement or Other ID Number: Gran	nt Award
Note: The Address Id Must be set up for EFT payments.)	CONTRACT	AMENDMENT
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only)  Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes State or Federal grants 815 CMR 2.00) Department Procurement (includes State or Federal grants 815 CMR 2.00) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) Contract Employee (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 Nowed debis under 815 CMR 9.00.  Enter Current Contract End Date Prior to Amendment, 20		
identity a PPD as folicities. Payment solicities. Payment identify reason: X agree to standard 45 day cycle standard yet on the performance of the Councils on Aging of 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 formyria grant award to the Councils on Aging of BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formyria grant award to the Councils on Aging of BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formyria grant award to the Councils on Aging of BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract of available grant funding. Funds in any support Council on Aging of BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formyria grant award to the Councils on Aging of BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract of available grant funding. Funds in any support Council on Aging of BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract of available grant funding. Funds in any support Council on Aging of BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formyria grant award to the Councils on Aging of BRIEF DESCRIPTION of Aging Support Council on Aging of BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formyria grant award to the Councils on Aging of BRIEF DESCRIPTION of Aging Support Council on Aging of BRIEF DESCRIPTION OF AMENDMENT OF AMENDMENT OF AGING AND AGING A		
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Contract are attached and incorporates the discontract are attached and incorporates the discontract and performance as a contract and performance expectations a amended, provided that the terms of this Contract and performance expectations are attack from any discontract and performance expectations are attacked torms and warranties, to allow any close out or transit	2018 with no new obligations being incurred and and obligations shall survive its termination for t ition performance, reporting, invoicing or final page.	the purpose of resolving any claim or dispute, syments, or during any lapse between
for completing any negotiated terms and warrants of amendments.  CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, Amendment has been executed by an authorized signatory of the Contractor, the approvals. The Contractor makes all certifications required under the attached of penalties of perjury, agrees to provide any required documentation upon request to business in Massachusetts are attached or incorporated by reference herein according to the instructions and Contractor Conditions, this Standard Contract Form including the Instructions and Contractor Conditions, 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 am AUTHORIZING SIGNATURE FOR THE CONTRACTOR:  X:  Date: 1	the "Effective Date" of this Contract or Amend Department, or a later Contract or Amendment S Contractor Certifications (incorporated by refere a support compliance, and agrees that all terms ding to the following hierarchy of document prec to Certifications, the Request for Response (RFF	iment shall be the latest date that its start Date specified above, subject to any required noce if not attached hereto) under the pains and governing performance of this Contract and doing edence, the applicable Commonwealth Terms and to or other solicitation, the Contractor's Response, and the Contractor's Response only if made using ue, lower costs, or a more cost effective Contract.  HE COMMONWEALTH:





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=

definitions, instructions and logar definitions.	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elds.
WWW.mass.govicso.unico	MMARS Department Code: ELD
CONTRACTOR LEGAL NAME:	MMARS Department Code: ELD  Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
OWN OF SHARON	Business Mailing Address
Legal Address: (W-9, W-4, T&C):	Billing Address (if different):
DO BOX 333 SHARON MICOEST	Billing Address in discount
Contract Manager: Kathleen Medeiros	Contract Manager: Stacey O'Connell
E Molly Kmedeiros@townofsharon.org	E-Mail: Stacey.O'Connell@MassMail.state.ma.us  Fax: 1-617-727-9368
781-784-8000	1 047 333 7410
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 7 3	AMMARS Doc ID(s): FY18COASharonUUUUUU
Contractor vendor code: "Appenda"): AD001.	RFR/Procurement or Other ID Number: Grant Award
Vendor Code Address ID (e.g. "AD001"): AD001 Vendor Code Address ID (e.g. "AD001"): AD001	RFR/Procurement of Other 15 Manual CONTRACT AMENDMENT
<u>Vendor Code Address ID</u> (e.g. Note: The Address Id Must be set up for <u>EFT</u> payments.)	CONTRACT Amendment: 20
	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20
	Enter Amendment Amount: 5 and Attach details of Amendment changes.)
Statewide Contract (OSD or an OSD-designation buildent)	AMENDMENT TYPE: (Check the option)
1 A-Bactive Directase (Allocit Con Tribine Land Meante 815 (1988 2.00)	Amendment to Scope or Budget (Attach updated scope and dated scope/budget)  Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Department Procurement (motions of the properties documentation)	Contract (Atlach RUSURCAROR) of Interior
(Attach RER and Response of Outor Programmy scope, budget)	Interim Contract (Attach justification of scope or budget)  Contract Employee (Attach any updates to scope or budget)  Legislative/Legal or Other: (Attach authorizing language/justification and updated scope
Emergency Contract (Audust Judent Status Form, scope, budget)	
Contract Employee (Attach Employment Status Form, scope, scope, Status Form, Status	and budget)
X Legislative/Legar or Outs. V	executed, filed with CTR and is incorporated by reference into this Contract.  and Conditions For Human and Social Services.
scope and budget scope and budget  SCOMMONWEALTH TERMS AND CONDITIONS (T&C) has been	and Conditions For Human and Social Services.
The following Commonwealth Terms and Conditions  X Commonwealth Terms and Conditions  Commonwealth Terms and Conditions	and Conditions For Human and Social Services.  for authorized performance accepted in accordance with the terms of this Contract will be supported for authorized performance accepted in accordance with the terms of this Contract will be supported for authorized performance and any changes if rates or terms are being amended.)  supported the following and any changes if rates or terms are being amended.)
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COMPENSATION: (Check ONE option): The Department of other non-appropriate	for authorized performance accepted in accordance with the terms of this Contract.  ed funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  sulations, conditions or terms and any changes if rates or terms are being amended.)  sulations, conditions or terms and any changes if rates or terms are being amended.)  attended this Contract (or new Total if Contract is being amended). \$32,990.00  attended this Contract for new Total if Contract or sequesting accelerated payments must
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PAYMENT DISCOUNTS (PPU): Contribution of pop Payment is	ssued within to days
payment (subsequent payments scheduled to support or REASON FOR AM	IENDMENT: This contract is to locally want funding. Fund may support Council on Aging a signal fiscal
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identified in the difficulty is and state applied. Original clients	are Contract or Contract Americans
report accounting to first the Denarment a	and Continues Date
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1 may be incurred as of the Effective Date (latest signature date solety)	d no obligations have been incurred prior to the Effective Date.  Date below and no obligations have been incurred prior to the Effective Date.  Date below, and the parties agree that payments for any obligations incurred prior to the Effective te below, and the parties agree that payments and circumstances of all obligations under this reimbursement payments, and that the details and circumstances of all obligations under this reimbursement payments, and that the details and circumstances of all obligations under this reimbursement payments, and that the details and circumstances of all obligations under this remaining the payments of the property of the payments of the paymen
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tor commedity and regulation	the contract or amending side of the contract
emenorities.	names, the Literal Andrew Amendment State Date of State Andrew and
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Amendment has been executed by an adminized signatury under the atta	iched Contractor Certification of Annual Contractor Certification and agrees that all terms governing perioritians of annual Commonwealth Terms and
approvals. The Contractor makes all certifications to commentation upon rec	quest to support complication, seem of document precedence, the application the Contractor's Response,
penalties of perjury, agrees to provide any required by reference herein	according to the long that Request for Response (RFR) of other Solidates Response only if made using
business in Massachusetts are attacted simple from including the Instructions and Co	iched <u>Contractor Certifications</u> (incorporated by locks) of the contract and doing quest to support compliance, and agrees that all terms governing performance of this Contract and doing quest to support compliance, and agrees that all terms governing to the following hierarchy of document pracedence, the applicable <u>Commonwealth Terms and according to the following hierarchy of document pracedence</u> , the applicable <u>Commonwealth Terms and according to the following hierarchy of the procedence over the relevant terms in the RFR and the Contractor's Response only if made using will take precedence over the relevant terms in the RFR and the Contractor's Response cost effective Contract.</u>
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the process oddined at the CONTRACTOR:	TO A A A A A A A Bate (X-1-1-)
AUTHORIZING SIGNATURE FOR THE CONTROL	X: (Signature and Date Myst Be Handwritten At Time of Signature)
Date:	(Signature and Date Must Be Hambly The Date Must Be Ha
X: Signature and Date Must Be Handwritten At Time of Signature)	Print Name: 14 The Communication of the Communicati
	Print Title:
Print Name:	Ž.
Print Title:	V 12

(Updated 1/4/2018) Page 1

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 terms as part of this Contract. An electronic copy of this form is available at 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/lose under Guidance For Vendors - Forms or www mass gov/lose under OSD Forms.

the official printed language of the contract forms or other additional terms as agreements, engagement letters, contract forms or other additional terms as definitions, instructions and legal requirements that are incorporated by reference definitions, instructions and legal requirements that are incorporated by reference definitions, instructions and legal requirements that are incorporated by reference definitions.	e into this Contract. An electronic copy of this form is available at	
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www.mass.gov/osc under Consumes	COMMONWEALTH DEPARTMENT	
CONTRACTOR LEGAL NAME:	MMARS Department Code: ELD	
TOWN OF SHEFFIELD	MMARS Department Code: ELD  Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Legal Address: (W-9, W-4, T&C):		
PO BOX 325 SHEFFIELD WA 01231-0023	Billing Address (if different):	
Contract Manager: Jennifer Goewey	Contract Manager: Stacey O'Connell	
E-Mail: jenngoewey@sheffieldma.gov	OConnell@MassMail.state.ma.us	
Phone: 413-229-7037	Th. 1-4 647, 222,7419	
Contractor Vendor Code: VC6000191974	MMARS Doc ID(s): FY18COASheffield0000	
0 de 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	
	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	Enter Current Contract End Date 1107 (or "no change")  Enter Amendment Amount: \$(or "no change")  Enter Amendment Amount: \$(or "no change")	
	Enter Amendment Amount: \$(or "no change")  AMENDMENT TYPE: (Check one option only, Attach details of Amendment changes.)  AMENDMENT TYPE: (Check one option only, Attach details of Amendment changes.)	
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Collective Purchase (Attach OSD approval, scope, bruger)  Department Procurement (includes State or Federal grants 815 CMR 2.00)  Department Procurement or other procurement supporting documentation)	A A A A A A A A A A A A A A A A A A A	
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Emergency Contract (Atlact) (estimated by Commercing budget)	Contract Employee (Attach any updates to scope or budget)  Legislative/Legal or Other: (Attach authorizing language/justification and updated scope	
	and budget)	
Contract Employee (Attach authorizing language/justification,  X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget  The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been ex	recuted, filed with CTR and is incorporated by reference into this	
The following COMMONWEALTH TERMS AND CONDITIONS (1985) Has been an	d Conditions For Human and Social Services.	
X Commonwealar remodelle	who sized performance accepted in accordance with the page 445 CMR 9.00.	
X Commonwealth Terms and Conditions  COMPENSATION: (Check ONE option): The Department certifies that payments for in the state accounting system by sufficient appropriations or other non-appropriated in the state accounting system (No Maximum Obligation. Attach details of all rates, units, calculations).	funds, subject to intercept for Commonwealth owed debts under a 5 clint of the funds, subject to intercept for Commonwealth owed debts under a 5 clint of the funds, subject to intercept and any changes if rates or terms are being amended.)  titions, conditions or terms and any changes if rates or terms are being amended.)  \$8.760.21  on of this Contract (or new Total if Contract is being amended). \$8.760.21	
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2 may be incurred as of and a prior prior to the Effective Date b	Blow, the and that the details and circumstances of the shiftenings	
X 3, were incurred as of statement payments or as authorized rem	former releases the Commonwealth from further claims related to the Contract is properly	
Date are authorized to be interested into this Contract. Acceptance of payment	dispute,	
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amendments.	ies, the "Enecuve Date Contract or Amendment Start Date specified above, student the pains and	
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Print Name: 1110 Cara Adams Waster		
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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 orwww.mass.gov/osd under OSD Forms.

www.mass.gov/osc_under Guidance For Vendors - Forms or www.mass.gov	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs
CONTRACTOR LEGAL NAME:	- margary Code: FID
TOWN OF SHELBURNE	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
Legal Address: (W-9, W-4,T&C): 51 BRIDGE ST SHELBURNE FALLS MA 01370-1102	
51 BRIDGE ST SHELBONNE (7225)  Contract Manager: Cathy Buntin	Billing Address (if different):
	Contract Manager: Stacey O'Connell
E-Mail: director@sfseniorcenter.com	E-輔ail: Stacey.O'Connell@MassMail.state.ma.us Fax: 1-617-727-9368
Phone: 413-625-2502	Dinona 13-h1 (-/22-1413
Contractor Vendor Course V C C C C C A DOOM A DOOM.	MMARS Doc ID(s): FY18COAShelburne0000
<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
	CONTRACT AMENDMENT
XNEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:, 29
I (OSD or an OSD-designated Department)	Enter Current Contract Trace (or "no change")  Enter Amendment Amount: \$
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Contract Employee (Attach Employment Status Form, X Legislative/Legal or Other: (Attach authorizing language/justification,	and budget)
areas and hydnet	executed, filed with CTR and is incorporated by reference into this contract
The following COMMONWEAL IN TERMS AND COMMONWEAITH TERMS at X Commonwealth Terms and Conditions Commonwealth Terms at X Commonwealth Terms and Conditions	and Conditions For Human and Social Services.  for authorized performance accepted in accordance with the terms of this Contract will be supported and funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  If funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
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tor completing any negociated terms and	at the date that this Contract of
Amendment has been executed by a management of the attacher approvals. The Contractor makes all certifications required under the attacher approvals. The Contractor makes all certifications required documentation upon required penalties of perjury, agrees to provide any required documentation upon required business in Massachusetts are attached or incorporated by reference herein at Conditions, this Standard Contract Form including the Instructions and Contract Conditional negotiated terms, provided that additional negotiated terms will the process outlined in 801 CMR 21.07, incorporated herein, provided that any AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	rties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or the Department, or a later Contract or Amendment Start Date specified above, subject to any required sed Contractor Certifications. (incorporated by reference if not attached hereto) under the pains and set to support compliance, and agrees that all terms governing performance of this Contract and doing est to support compliance, and agrees that all terms governing performance of this Contract and doing est to support compliance, and agrees that all terms governing performance of this Contract and doing est to support compliance, and agrees that all terms governing performance of this Contract and doing est to support compliance, and agree that all terms governing performance of this Contractor's Response actor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response actor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response only if made using a mended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X:  (Signature)  Date:  Date:
X: (Signature and Date Must Be Handwritten Artime of Signature)  Print Name:  Print Title:  Adams Archiver	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 terms as part of this Contract. An electronic copy of this form is available at definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at

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www.mass.goviosc undor	
TRACTOR LEGAL NAME:	MMARS Department Code: ELD  MMARS Department Code: A Sebburton Place Room 517, Boston, MA 02108
N OF SHERBORN	MMARS Department Code: ELD  Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
al Address: (W-9, W-4,T&C):	/if different):
ASHINGTON ST CITE TO STATE OF THE STATE OF T	Billing Address (if different):
tract Manager: Karen Juhl	Contract Manager: Stacey O'Connell
'' and Ocherhoroma.org	E-Mail: Stacey.O'Connell@MassMail.state.ma.us  Fax: 1-617-727-9368
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one: 508-651-7858 htractor Vendor Code: V C 6 0 0 0 1 9 1 9 7 6	ANNARS DOC ID(s): FY18COASherBot Hoods
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te: The Address Id Must be set up for <u>EFT</u> payments.)	Prior to Amendment:
	Enter Current Contract End Date <u>Front On the Contract End Date Front End</u>
( NEW CONTRACT ROCUREMENT OR EXCEPTION TYPE: (Check one option only)	Enter Current Contact (or "no change")  Enter Amendment Amount: \$ (or "no change")  AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)  AMENDMENT TYPE: (Check one option only. Attach updated scope and budget)
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	AMENDMENT TYPE: (Check one option only. Attach  Amendment to Scope or Budget (Attach updated scope and budget)  Interim Contract (Attach justification for Interim Contract and updated scope/budget)  Interim Contract (Attach justification for Interim Contract and updated scope)
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This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional terms as part of this Contract without prior Department approval. Click on hyperlinks for agreements, engagement letters, contract forms or other additional terms as part of this Contract. An electronic copy of this form is available at 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.

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CONTRACTOR LEGAL NAME:		MMARS Department Code: ELD
TOWN OF SHIRLEY		<u>MMARS Department Code</u> : LED <u>Business Mailing Address</u> : 1 Ashburton Place Room 517, Boston, MA 02108
Legal Address: (W-9, W-4,T&C):		
PO BOX 518 SHIRLEY MA 01464-0518		Billing Address (if different):
Contract Manager: Ann Towne		Contract Manager: Stacey O'Connell
E-Mail: coadirector@shirley-ma.gov	Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us Fax: 1-617-727-9368
Phone: 978-425-1390		Dhono:1-61/-//-/413
Contractor Vendor Code: VC6000	191977	MMARS Doc ID(s): FY 18 C O A Shirley 0 0 0 0 0 0
Vendor Code Address ID (e.g. "AD00	/1"): AU <u>001</u> .	DEPIProcurement or Other ID Number: Grant Award
Note: The Address Id Must be set up	i for EF I payments.)	CONTRACT AMENUMENT
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TRACHIDENENT OR EXCEPTION	YPE: (Check one option only)	Enter Current Contract Enter Section (or "no change")  Enter Amendment Amount: \$
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Collective Purchase (Attach USD a	pproval, scope, budgery  State or Federal grants 815 CMR 2.00)  progressing documentation)	AMENDMENT TYPE: (Check one option only)  Amendment to Scope or Budget (Attach updated scope and budget)  Interim Contract (Attach justification for Interim Contract and updated scope/budget)
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This form is jointly issued and published by the <a href="Executive Office for Administration and Finance (ANF)">Executive Office for Administration and Finance (ANF)</a>, the <a href="Office of the Comptroller (CTR)">Office of the Comptroller (CTR)</a> and the <a href="Operational">Operational</a>

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 terms as part of this Contract. An electronic conv of this form is available at definitions instructions and lead requirements that are incorporated by reference into this

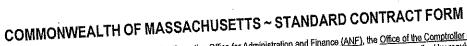
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N OF SHUTESBURT		MMARS Department Code: ELD  Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
<u>i Address: <b>(W-9, W-4,</b>T&amp;<b>C):</b> OX 2 SHUTESBURY MA 010720002</u>		Billing Address (if different):
ract Manager: Becky Torres		Contract Manager: Stacey O'Connell
ail: townadmin@shutesbury.org		E-Mail: Stacey.O'Connet@MassMail.state.ma.us  Fax: 1-617-727-9368
ne: 413-259-1214	Fax:	- A 647-222-7619
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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 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 terms as part of this Contract. An electronic copy of this form is available at definitions, instructions and legal requirements that are incorporated by reference into this

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NTRACTOR LEGAL NAME:	MMARS Department Code: ELD
NN OF SOMERSET	MMARS Department Code: ELD  Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
al Address: (W-9, W-4,T&C):	(If different):
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ntract Manager: Shauna Geary	Contract Manager: Stacey O'Connell
toil: councilonaging.somerset@yahoo.com	E-Mail: Stacey.O'Connell@MassMail.state.ma.us  Fax: 1-617-727-9368
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CITY OF SOMERVILLE	MMARS Department Code: 220  Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
<u>Legal Address:</u> (W-9, W-4,T&C): 93 HIGHLAND AVE SOMERVILLE MA 021431740	Billing Address (if different):	
Contract Manager: Cindy Hickey	Billing Acquess in Charles	
Contract Manager, Carry Factor	Contract Manager: Stacey O'Connell	
E-Mail: chickey@ci.somerville.ma.us	E-Mail: Stacey.O'Connell@MassMail.state.ma.us  Fax: 1-617-727-9368	
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Note: The Address Id Must be set up for <u>EFT</u> payments.)	CONTRACT AMENDMENT	
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amendments.  CERTIFICATIONS: Notwithstanding verbal or other representations by the partie  Amendment has been executed by an authorized signatory of the Contractor, the approvals. The Contractor makes all certifications required under the attached penalties of perjury, agrees to provide any required documentation upon request penalties of perjury, agrees to provide any required by reference herein according to the contraction of the contraction	es, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or e Department, or a later Contract or Amendment Start Date specified above, subject to any required to Contractor Certifications (incorporated by reference if not attached hereto) under the pains and to support compliance, and agrees that all terms governing performance of this Contract and doing to the following hierarchy of document precedence, the applicable Commonwealth Terms and cording to the following hierarchy of document precedence, the applicable Commonwealth Terms and cording to the following hierarchy of document precedence, the applicable Commonwealth Terms and cording to the following hierarchy of document precedence, the applicable Commonwealth Terms and the following hierarchy of document precedence, the applicable Commonwealth Terms and the precedence over the relevant terms in the RFR and the Contractor's Response only if made using the precedence over the relevant terms in the RFR and the Contractor's Response only if made using the precedence over the relevant terms in the RFR and the Contractor's Response only if made using the precedence over the relevant terms in the RFR and the Contractor's Response only if made using the precedence over the relevant terms in the RFR and the Contractor's Response only if made using the precedence over the relevant terms in the RFR and the Contractor's Response only if made using the precedence over the relevant terms in the RFR and the Contractor's Response only if made using the precedence over the relevant terms in the RFR and the Contractor's Response only if made using the precedence over the relevant terms in the RFR and the Contractor's Response only if made using the relevant terms in the RFR and the Contractor's Response only if made using the relevant terms in the RFR and the Contractor's Response only if made using the relevant terms in the RFR and the Contractor's Response only if made using the relevant terms in the RFR and the RFR and the RFR	



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CONTRACTOR LEGAL NAME: TOWN OF SOUTHAMPTON	MMARS Department Code: ELD  Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
Legal Address: (W.9, W.4, T.&C): PO BOX 397 SOUTHAMPTON MA 01073-0397	Billing Address (if different):
Contract Manager: Joan Linnehan	Subset Manager: Stacey O'Connell
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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 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 terms as part of this Contract. An electronic copy of this form is available at

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AUTHORIZING SIGNATURE AT TIME OF SIgnature  Date:	and additional notation 802 CMR 21.07 incorporated heroin, pro	AUTHORIZING SIGNALP
X: Signature and Date Must Be Handwritten At Time of Signature)  Print Name:  Print Name:  Print Name:	AUTHORIZING SCHATURE FOR THE CONTRACTOR	X: X Pa Handwritten Af Time of Signature)
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	(Signature and Date Must be Handwiller)	Print Title:

COA

### COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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 Institute of the Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to deficie 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 terms as part of this Contract. An electronic copy of this form is available at

agreements, engagement letters, contract forms or other additional terms as definitions, instructions and legal requirements that are incorporated by reference definitions, instructions and legal requirements that are incorporated by reference for Vendors - Forms, or www.mass.gov/os	e into this Contract. An electronic copy of this form is available at
definitions, instructions and legal requirements that are incorporated by reterent definitions, instructions and legal requirements that are incorporated by reterent definitions, instructions and legal requirements that are incorporated by reterent definitions.	d under OSD Forms.  COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs
CONTRACTOR LEGAL NAME:	MMARS Department Code: ELD
TOWN OF SOUTHBRIDGE	MMARS Department Code: ELD  Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
Legal Address: (W-9, W-4,T&C):	
Legal Address. (W.S., 1997) 41 ELM ST SOUTHBRIDGE MA 01550-2645	Billing Address (if different):
Contract Manager: Michael J. Trombley	Contract Manager: Stacey O'Connell
E-Mail: southvetserv@charter.net	E-Mail: Stacey.O'Connell@MassMail.state.ma.us
Phone: 508-764-5436 Fax:	Phone:1-617-222-7419 Fax: 1-011-127-5555
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 8 7	MMARS Doc ID(s): FY18COASouthbridge00
Vender 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
	CONTRACT Amendment: , 20
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	Enter Current Contract End Date Photo Contract End Date Photo Change")
PROCUREMENT OR EASE-TION TITLE  Statewide Contract (OSD or an OSD-designated Department)  Statewide Contract (OSD or an OSD-designated Department)	Enter Current Contract Contrac
Statewide Contract (OSD of all OSD approval, scope, budget) Collective Purchase (Attach OSD approval, scope, budget)	
Collective Purchase (Attach OSD approval, scape, Judges)  Department Procurement (includes State or Federal grants 815 CMR 2.00)  Department Procurement (includes State or Federal grants 815 CMR 2.00)	Amendment to Scope or Budget (Attach updated scope and updated scope/budget)  Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Department Procurement (Includes State of Pederlar grains)  (Attach RFR and Response or other procurement supporting documentation)  (Attach RFR and Response or other procurement supporting documentation)	Interim Contract (Attach justilication to smooth or budget)
Emergency Contract (Attach justilication for Grand Score, budget)	Contract Employee (Attach any updates to scope or budget)  Legislative/Legal or Other: (Attach authorizing language/justification and updated scope
<u>Contract Employee</u> (Atlach <u>Employment Status Form</u> , <u>X Legislative/Legal or Other</u> : (Atlach authorizing language/justification,	and budget)
	ecuted, filed with CTR and is incorporated by reference into this Contract.
The following COMMONWEALTH TERMS AND CONDITIONS (1&C) has been ex	d Conditions For Human and Social Services.
V / AMMANUESHID LEISTS AND CONTROL	The same of this family of the policy of the
COMPENSATION: (Check ONE option): The Department certifies that payments for in the state accounting system by sufficient appropriations or other non-appropriated in the state accounting system by Sufficient appropriations or other non-appropriated in the state accounting system by Sufficient appropriations or other non-appropriated in the state accounting system by Sufficient appropriation. Attach details of all rates, units, calculated the system of the state accounting system by Sufficient appropriations.	authorized performance accepted in accepte
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X Maximum Obligation Contract Little	rough EET 45 days from invoice receipt. Contractors requesting at DDD: Payment issued within
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued to	n of this Contract (or <b>new</b> Total if Contractors requesting accelerated payments must rough <u>EFT</u> 45 days from invoice receipt. Contractors requesting accelerated payments must do 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
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amendments.	the "Effective Date" of this Contract of Amendment Statilled to applicat to any required
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Print Title: TOWN MANAGER	J



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 Services Division (USD) 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 vold. Additional non-conflicting terms may be added by Attachment. Confractors may not require any additional the official printed language of this form shall be vold. Additional non-conflicting terms may be added by Attachment. Confractors may not require any additional non-conflicting terms may be added by Attachment. agreements, engagement recess, consecutions or other additional remises part of this Contract. An electronic copy of this form is available at definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at agreements, engagement letters, contract forms or other additional

www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/osd under OSD Forms. COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD Business Malling Address: 1 Ashburton Place Room 517, Boston, MA 02108 CONTRACTOR LEGAL NAME: TOWN OF SOUTH HADLEY <u>Legal Address:</u> **(W-9, W-4,T&C)**: 116 MAIN ST SOUTH HADLEY MA 01075-2833 Billing Address (if different): Contract Manager: Stacey O'Connell Contract Manager: Leslie Hennessey E-Mall: Stacey.O'Connell@MassMall.state.ma.us E-Mail: |hennessey@southhadleyma.gov Fax: 1-617-727-9368 Fax: Phone:1-617-222-7419 phone: 413-538-5042 MMARS Doc ID(s): FY18COASouthHadley00 Contractor Vendor Code: VC6000191983 RFR/Procurement or Other ID Number; Grant Award Vendor Code Address ID (e.g. "AD901"): AD001 CONTRACT AMENDMENT Note: The Address Id Must be set up for EFT payments.) Enter Current Contract End Date Prior to Amendment: \_ (or "no change") PROCUREMENT OR EXCEPTION TYPE: (Check one option only) AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.) Enter Amendment Amount: \$\_ Statewide Contract (OSD or an OSD-designated Department) Amendment to Scope or Budget (Attach updated scope and budget) Collective Purchase (Attach OSD approval, scope, budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget) Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) Contract Employee (Attach any updates to scope or budget) Legistative/Legal or Other: (Attach authorizing language/justification and updated scope 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, 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 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. The state accounting system by sufficient appropriations or other non-appropriation ratios, support to memory, for communication of the state of terms are being amended.)

Rale Contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)

Relationary Obligation Contract. Enter Total Maximum Obligation Systems (As a fine total details of the Contract (No Maximum Obligation) Contract (No Maximum Ob <u>Rate Contract (No maximum Obligation</u>, Atlach details or all rates, units, calculations, conditions or terms and any changes in tales or terms and being amended). \$33,615.90

X. Maximum Obligation Contract. Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$33,615.90 PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from involce receipt. Contractors requesting accelerated payments must 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 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 particular distribution of available grant funding. BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT; This contract is to locally distribute a formula grant award to the Council on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Further municipality support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2016—6/30/2010. 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. Late are authorized to be made enter as settlement payments or as additionable 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 shell terminate as of June 30th, 2018 with no new obligations being incurred after this date unless the Contract is properly CONTRACT EAST UNITE. Contract performance shall terminate as or summer and the purpose of resolving any claim or summer and the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or summer and the purpose of resolving and the purpose of resolving any claim or summer and the purpose of resolving any claim or summer and the purpose of resolving any claim or summer and the purpose of resolving antenued, provided that the terms of the compact and performance expectations and douglature shall survive us terms and in economic 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 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 of Amendment of the 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 the specific of the contract of the specific of penalties of penjury, agrees to provide any required documentation upon request to support compitance, and agrees triat all terms governing performance of this 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 Expenses in measurements are another or incorporated by reference merein eccurainty to the relievant interaction of the contractor's Response (RFR) or other solicitation, the Contractor's Response, and additional paralleless are delibered paralleless to the DED and the Contractor's Response, and additional paralleless are delibered paralleless. conducting, this obstructed contract norm accounting the instructions and contractor contractor operations, the request for response (n.m.) of object sources 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 outlined in 801 CMR 24.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

(Updated 1/4/2018) Page 1

Date: 1/8/15

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

Print Title: Secreta Hodey

(Signature and Date Must Be Handwritten At Time of Signature) (Signature and Date must be maintained of Sully and Hone Stierton)

Print Title:

X: Date: Dat

This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Office 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 terms as part of this Contract. An electronic copy of this form is available at

definitions, instructions and legal requirements that a www.mass.gov/osc_under Guidance For Vendors - F	re incorporated by reference into this Contract. An electronic step of the Contract of the Con
	COMMONALE
CONTRACTOR LEGAL NAME: TOWN OF SOUTHWICK	MMARS Department Code: ELD
Land Address: (W.9 W.4.T&C):	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
454 COLLEGE HWY SOUTHWICK MA 01077-9700	Billing Address (if different):
Contract Manager: Cindy Sullivan	Contract Manager: Stacey O'Connell
E-Mail: csullivan@southwickma.net	E-Mail: Stacey,O'Connell@MassMail.state.ma.us
Phone: 413-569-5498 Fax:	Phone:1-617-222-7419 Fax: 1-617-727-9368
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 8 8	MMARS Doc ID(s): FY18COAS outhwick0000
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS DOC IDIS. 17 1000 Member Grant Award
Note: The Address ld Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award CONTRACT AMENDMENT
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Contract Employee (Attach Employment Status 1 Ohn, 300)	e/justification, Legislative/Legal or Other: (Attach authorizing language/justification,
scope and budget	Slod with CTR and is incorporated by reference into this contract
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Print Title: C.A.O.	



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TRACTOR <u>LEGAL NAME</u> : N OF SOUTHWICK	MMARS Department Code: ELD  Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
OLLEGE HWI GOOTH	Billing Address (if different):
ract Manager: Cindy Sullivan	Contract Manager: Stacey O'Connell
ail: csullivan@southwickma.net	E-Mail: Stacey.O'Connell@MassMail.state.ma.us  Fax: 1-617-727-9368
142 560 5498	
Vondor Code: V C 6 0 0 0 1 9 1 9 8 0	Phone:1-617-222-1419  MMARS Doc ID(s): FY 18 COASouth wick 0 0 0 0
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This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional terms as part of this Contract without prior Department approval. Click on hyperlinks for agreements, engagement letters, contract forms or other additional terms as part of this Contract. An electronic copy of this form is available at

agreements, engagement letters, contract forms or other additional definitions, instructions and legal requirements that are incorporated by refere definitions, instructions and legal requirements that are incorporated by refere	ence into this Contract. An electronic copy of this form	
www.mass.gov/osc_under Guldance For Vendore For	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
ONTRACTOR LEGAL NAME:	Tark Do Danashmant Cade: FLD	
OWN OF SPENCER	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
egal Address: (W-9, W-4, T&C): 57 MAIN ST SPENCER MA 01562-2123	Billing Address (If different):	
ontract Manager: Pamela Woodbury		
-Mail: pwoodbury@spencerma.gov	Contract Manager: Stacey O'Connell	
	E-Mail: Stacey.O'Connell@MassMail.state.ma.us  Fax: 1-617-727-9368	
<u>Phone</u> : 508-885-7546 Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 8 9	Phone: 1-01/-222-1410	
Contractor Vendor Code. V O O O O O O O O O O O O O O O O O O	MMARS Doc ID(s): FY18COASpencer000000	
/endor Code Address ID (e.g. "AD001"): AD001.	RFR/Procurement or Other ID Number: Grant Award	
Note: The Address Id Must be set up for <u>EFT</u> payments.)	CONTRACT AMENDMENT	
X NEW CONTRACT	Enter Current Contract End Date <u>Prior to Amendment:</u> , 20	
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)  Collective Purchase (Attach OSD approval, scope, budget)	TYPE (Check one onlies only, Atlacti details of the	
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Department Procurement (Includes State of Federal Supporting documentation) (Attach RFR and Response or other procurement supporting documentation)	Interim Contract (Attach justification for Interim Contract and updated despose	
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Contract Employee (Attach Employment Otatas Formula January Milesting,	Legislative/Legal or Other: (Allacii addictizing issignos)	
and hudget	and budget)	
The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been	executed, filed with CTT and Social Services.  and Conditions For Human and Social Services.	
Commonwealth Terms and Conditions  Commonwealth Terms and Conditions  Compensation: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. In the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. In the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  X Maximum Obligation Contract. Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended.). \$23.428.08\$  X Maximum Obligation Contract. Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended.). \$23.428.08\$  X Maximum Obligation Contract. Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended.). \$23.428.08\$  X Maximum Obligation Contract. Enter Total Maximum Obligation for total duration of this Contract is being amended.). \$23.428.08\$  Y MPD; Payment issued within 10 days \$6 PD; Payment issued within 15 days \$6 PD; Payment issued within 10 days \$6 PD; Paym		
Contract are attached and incorporates	1th 2018 with no new obligations being interest in a surgery of resolving any claim of dispute	
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amendments.  CERTIFICATIONS: Notwithstanding verbal or other representations by the par 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 business in Massachusetts are attached or incorporated by reference herein and business, this Standard Contract Form including the Instructions and Contract and additional negotiated terms, provided that additional negotiated terms will the process outlined in 801 CMR 21.07, incorporated herein, provided that any ALTHORIZING SIGNATURE FOR THE CONTRACTOR:	rties, the "Effective Date" of this Contract of Ameritanian state to the Department, or a later Contract or Ameritanian State Date specified above, subject to any require the Department, or a later Contract or Ameritanian State Date specified above, subject to any require the Department, or a later Contract or Ameritanian State Date specified above, subject to any require the Department of the Department of the Department of the Contract and do sest to support compliance, and agrees that all terms governing performance of this Contract and do sest to support compliance, and agrees that all terms governing performance of this Contract and do sest to support compliance, and document precedence, the applicable Commonwealth Terms actor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response actor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response over the relevant terms in the RFR and the Contractor's Response only if made us take precedence over the relevant terms in the RFR and the Contractor's Response only if made us yamended RFR or Response terms result in best value, lower costs, or a more cost effective Contractor's Response only if Made us take precedence over the relevant terms in the RFR and the Contractor's Response only if made us take precedence over the relevant terms in the RFR and the Contractor's Response only if made us take precedence over the relevant terms in the RFR and the Contractor's Response only if made us take precedence over the relevant terms in the RFR and the Contractor's Response only if made us take precedence over the relevant terms in the RFR and the Contractor's Response only if made us the RFR and the Contractor's Response only if made us the RFR and the Contractor's Response only if made us the RFR and the Contractor's Response only if made us the RFR and the Contractor's Response only if made us the RFR and the Contractor's RFR and the Contractor's RFR and the Contractor's RFR and the Contrac	
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X: Date Must Be Handwritten At Time of Signature)	Print Name: 6994 Connee.19	
	Print Title:	
Print Title: Treferry Town Admin.		
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(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 defaultions instructions and legal requirements that are incorporated by reference into this. agreements, ongagement letters, contract forms of other additional terms as part of this contract without prior bepartment approval. Click of nyt 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/osd">www.mass.gov/osd</a> under OSD Forms.

definitions, instructions and regarded the definitions are definitions.	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
CONTRACTOR LEGAL NAME:	***** BC Denortment Code' FLD	
CITY OF SPRINGFIELD	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Legal Address: (W-9, W-4, T&C):	Business Mailing Address. 1 Ashbatton	
36 COURT ST SPRINGFIELD MA 01103-1699	Billing Address (if different):	
Contract Manager: Stacey Federico	Contract Manager: Stacey O'Connell	
E-Mail: Sfederico@springfieldcityhall.com	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Phone: 413-750-2654 Fax:	Phone:1-617-222-7419 Fax: 1-617-727-9368	
Contractor Vendor Code: V C 6 0 0 0 1 9 2 1 4 0	MMARS Doc ID(s): FY18COASpringfield00	
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Note: The Address Id Must be set up for EFT payments.)	RFR/Procurement or Other ID Number: Grant Award	
	CONTRACT AMENDMENT . 20	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20	
as a wide Contract (OSD or an OSD-designated Department)	Enter Amendment Amount: \$, (or "no change")  AMENDMENT TYPE: (Check one option only, Attach details of Amendment changes.)	
	I Dudget (Attach Indated Scope and Dudget)	
	Amendment to Scope or Budget (Albert operation of Interim Contract and updated scope/budget)  Interim Contract (Attach justification for Interim Contract and updated scope/budget)	
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	Contract Employee (Attach any updates to scope or budger) <u>Legislative/Legal or Other:</u> (Attach authorizing language/justification and updated scope	
	and budget)	
econe and hudget	and a find with CTR and is incorporated by reference into this contract.	
The following COMMONWEALTH TERMS AND CONDITIONS  X Commonwealth Terms and Conditions  Commonwealth Terms as a Commonwealth Terms as	nd Conditions For Human and Social Services.	
X Commonwealth Terms and Contains	the search and with the terms of this Contract will be supported	
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2. may be incurred as of July 1st, 2017, a date PRIOR to the Effective Date by	e below and <u>no</u> obligations have been incurred <u>prior</u> to the <u>Effective Determined</u> by the below, and the parties agree that payments for any obligations incurred prior to the <u>Effective</u> movement payments, and that the details and circumstances of all obligations under this movement payments, and that the details and circumstances of all obligations under this movement payments.	
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Contract are attached and incorporated in the support of the suppo		
CONTRACT END DATE: Contract performance shall terminate up to the day of this Contract and performance expectation	is and obligations shall survive its termination for the purpose of tectiving any lapse between instition performance, reporting, invoicing or final payments, or during any lapse between	
amended, provided that the terms of this solutions, to allow any close out or tra	insition performance, reporting, invoicing or linear payments,	
amendments.	The Pate" of this Contract or Amendment shall be the latest date that this Contract or	
CEPTIFICATIONS: Notwithstanding verbal or other representations by the parti	es, the "Effective Date" of this contract or Amendment Start Date specified above, subject to any required	
for completing any negotiated terms and warrantee, or contract or 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 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. (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 approvals.		
approvals. The Contractor makes all contractors upon request to support compliance, and agrees that all terms governing the applicable Componwealth Terms and		
penalties of periury, agrees to provide any required according to the following hierarchy of document precedence the Contractor's Response		
business in Massachusetts and additional form including the Instructions and Contract Form including the Instruction Ins	ctor Certifications, the Request for Response (RER) and the Contractor's Response only if made using	
and additional negotiated terms, provided that additional negotiated terms will be and additional negotiated terms.	ded DED or Regnonse terms (estil til pest value, terret vere	
the process outlined it out civil 21.07, more	ake precedence over the relevant terms in the RFR and the Contractor's Response only it has been costs, or a more cost effective Contract.  ANTHORIZING SIGNATURE FOR THE COMMONWEALTH:	
	The man 1 and Date: d-1-18.	
X: Date: 18   X   X   X   X   X   X   X   X   X	ANTHORIZING SIGNATURE FOR THE COMMUNIVEALTH.  X. LOVA Date:	
(Signature and Date Must Be Handwritten At Time of Signature)	Print Name: 1599 Y CONNEP/9	
Drint Name: 10 77 E	Print Title:	
Print Title: Mayor	J	
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This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional terms as part of this Contract without prior Department approval. Click on hyperlinks for agreements, engagement letters, contract forms or other additional terms as part of this Contract. An electronic copy of this form is available at definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at

	dors - Forms or www.maga.govies	d under OSD Forms.
CONTRACTOR LEGAL NAME:		O COLUMN TO THE TAXABLE PROPERTY OF TA
ONTRACTOR LEGAL NAME. OWN OF STERLING		MMARS Department Code: ELD  Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
<u>Legal Address</u> : (W-9, W-4,T&C): 1 PARK ST STERLING MA 01564-2145		
		Billing Address (if different):
Contract Manager: Buckley Buckley		Contract Manager: Stacey O'Connell
-Mail: vbuckley@sterling-ma.gov	Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us  Fax: 1-617-727-9368
Phone: 978-422-3032		Phone: 1-b1/-222-1419
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 9 0		MMARS Doc ID(s): FY18COASterling00000
Vendor Code Address ID (e.g. "AD001"): AD001.		RER/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 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 Des Collective Purchase (Attach OSD approval, scope, b	oudget)	A ANTHONICALT TVDE: /Check one option only, Allder details of the
		Amendment to Scope or Budget (Attach updated scope and budget)  Amendment to Scope or Budget (Attach updated scope and updated scope/budget)
		Amendment to Scope or Budget (Attach age of Budget)  Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Emergency Contract (Attach justification for energy Contract Employee (Attach Employment Status For	m, scope, budget) language/iustification,	Contract Employee (Attach any updates to scope or budget)  Legislave/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. Conditions For Human and Social Services.
The following COMMONWEALTH TERMS AND O	Commonwealth Terms and	Conditions For Human and Social Services.  uthorized performance accepted in accordance with the terms of this Contract will be supported under the intercept for Commonwealth owed debts under 815 CMR 9.00, ands, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
in the state accounting system by sufficient part in the state accounting system by sufficient. Attac X Maximum Obligation Contract Enter Total Mr.  PROMPT PAYMENT DISCOUNTS (PPD): Commidentify a PPD as follows: Payment issued within 130 days % PPD. If PPD percentages are left bla payment (subsequent payments scheduled to support the municipalities of the Commonwealth. The awar the municipalities of the Commonwealth. The awar the municipalities of the Commonwealth.	h details of all rates, units, calculation aximum Obligation for total duration onwealth payments are issued through the control of the contr	ons, conditions of terms and any changed any changed on this Contract (or new Total if Contract is being amended). \$15,627.00  ough EFT 45 days from invoice receipt. Contractors requesting accelerated payments must outlined 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 cycle. See Prompt Pay Discounts Policy.)  MENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the second allocation of available grant funding. Funds may support Council on Aging activities as is-based allocation of available grant funding.
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CONTRACTOR LEGAL NAME: TOWN OF STOCKBRIDGE	nce For Vendors - Forms or www.mass.go	
TOWN OF STOCKBRIDGE	,	COMMONANCE VETT IN DEL VACTORITÀ DE LA COMPANION DE LA COMPANI
CAMA OL GLOCKPINDOW		MMARS Department Code: ELD  Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
Legal Address: (W-9, W-4,T&C):	17	Business Mailing Address: 1 Ashbutton 1000
PO BOX 417 STOCKBRIDGE MA 01262-04	· ·	Billing Address (if different):
Contract Manager: Elizabeth DiGrigoli		Contract Manager: Stacey O'Connell
E-Mail: coa@townofstockbridge.com	Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us
Phone: 413-298-4170		Phone:1-617-222-7419 Fax: 1-617-727-9368
Contractor Vendor Code: VC600019	1991	MMARS Doc ID(s): FY18COAStockbridge00
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	EFT payments.)	CONTRACT AMENDMENT
X NEW CONTRACT		Enter Current Contract End Date <u>Prior</u> to Amendment:, 20
PROCUREMENT OR EXCEPTION TYPE	(Check one option only)	(or "no change")
Statewide Contract (OSD or an OSD-des Collective Purchase (Attach OSD approv		ABJUDATE AT TYPE: (Check one option only. Attach details of Afficialment Changes)
1 (include State	A OF PEDELAL UITALIO O 13 OWI (2500)	A standard Coope or Budget (Attach undated scope and budget)
		Interim Contract (Attach justification for Interim Contract and updated scoperbudgety
(Attach RFR and Response of other procedure Emergency Contract (Attach justification Contract Employee (Attach Employment	Status Form, Scope, Dudged	Contract Employee (Attach any updates to scope or budget)  Legislative/Legal or Other: (Attach authorizing language/justification and updated scope
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scope and budget	= = = = = = = = = = = = = = = = = = =	executed filed with CTR and is incorporated by reference into this Contract.
The following COMMONWEALTH TEL  X Commonwealth Terms and Condition	re Commonwealth Terms	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.
PROMPT PAYMENT DISCOUNTS (PP	<ul> <li>Commonwealth payments are issued within 10 days % PPD; Payment issued</li> </ul>	d funds, subject to intercept for Commonweal of the detail
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definitions, instructions and legal requirement	its that are incorporated by releterious. Indors - Forms or <u>www.mass.gov/osd i</u>	under OSD Forms.  COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs
TO ALL MANAGES		COMMONWEALTH DEPARTMENT NAME: EXECUTE OF
CONTRACTOR LEGAL NAME: TOWN OF STOUGHTON	Ņ	MMARS Department Code: ELD Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
	<u> </u>	Business Mailing Address. PASIBULE
<u>Legal Address:</u> (W-9, W-4,T&C): 10 PEARL ST STOUGHTON MA 02072-2364		Billing Address (if different):
Contract Manager: Karen MacDonald		Contract Manager: Stacey O'Connell
E-Mail: kmacdonald@stoughton-ma.gov		5 Mally Stacey O'Connell@MassMail.state.ma.us
Phone: 781-344-8882	Fax:	Phone: 1-617-222-7419 Fax: 1-617-727-9368
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 9 3		MMARS Doc ID(s): FY18COAStoughton0000
Vandor Code Address ID (e.g. "AD001"): AD001.		MINIANO BOO INTO A
Note: The Address Id Must be set up for EFT payments.)		CONTRACT AMENUMENT
Note: The Address Id Must be set up for EFT payrin  X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check of Statewide Contract (OSD or an OSD-designated D Collective Purchase (Attach OSD approval, scope, Department Procurement (includes State or Feder (Attach RFR and Response or other procurement status From Contract Employee (Attach justification for emery Contract Employee (Attach justification for Employee (Attach justi	pene option only) epartment) budget) al grants 815 CMR 2.00) apporting documentation) gency, scope, budget) am, scope, budget) granguage/justification,  CONDITIONS (T&C) has been exect Commonwealth Terms and Comporting documentation, partment certifies that payments for autopriations or other non-appropriated funch details of all rates, units, calculation waximum Obligation for total duration of the details of all rates, units, calculation waximum Obligation for total duration of the details of all rates, units, calculation waximum Obligation for total duration of the details of all rates, units, calculation waximum Obligation for total duration of the details of all rates, units, calculation waximum Obligation for total duration of the details of all rates, and payments are issued through the details of the certification only). The Department and Collatest signature date below) and no obtails applied. Ongoing eligibility for formulate option only) The Department and Collatest signature date below) and no obtails LATER than the Effective Date belowent payments or as authorized reimbur contract. Acceptance of payments for the shall terminate as of June 30th, 2 tract and performance expectations and so allow any close out or transitive, to allow any close out or transitive, to allow any close out or transitive didictional negotiated terms will take prorated herein, provided that any ame	Enter Current Contract End Date Prior to Amendment:
the process outlined in 801 CWR 2107, Inc.	NTRACTOR	AUTHORIZING SIGNATURE
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Print Name: MAYCJ-TISC Print Title: Type Can Town	<del>varge</del> l.	Lilli tinos
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agreements, engagement le	of this form snail be wold. I determine the state of the additional term the sadditional termines are incorporated by reference for Vendors - Forms_or www.mass.go	rence into this Contract. An electronic cop	y of this form is available at
definitions, instructions and	legal requirements that are incorporated by refer suidance For Vendors - Forms_or www.mass.go	COMMONWEALTH DEPARTMENT N	IAME: Executive Office of Elder Affairs
CONTRACTOR LEGAL NAME:			
OWN OF STOW		Business Mailing Address: 1 Ashb	urton Place Room 517, Boston, MA 02108
_egal Address: (W-9, W-4,T&C):			
380 GREAT RD STOW WA 01773-2121		Billing Address (if different):	15
ontract Manager: Alyson Toole		Contract Manager: Stacey O'Conne	ell
E-Mail: coa@stow-ma.gov		E-Mail: Stacey.O'Connell@MassMa	Fax: 1-617-727-9368
2hano: 978-897-1880	Fax:	-4 617 222-7419	rax. I-off-ra.
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	_	Contract End Date P	rior to Amendment:, zu
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(AAB AB AB	31 / 4D6101031HG 17050G 013413	AMENDMENT TYPE: (Check one of	option only. Attach details of Amendment changes.)
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Denartment Procurement (Include	(Noting documentation)	• Attach iustification	U ioi lifeitti oottaaa taa
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		Legislative/Legal of Other. \\	
X Legislative/Legal or Other: (	Attach authorizing language/justification,  TH TERMS AND CONDITIONS (T&C) has bee onditions  Commonwealth Term	and budget)	rated by reference into this Contract.
scope and budget	COMPITIONS (T&C) has bee	n executed, filed with CTR and is most per successful services for Human and Social Services for Human and Services for	vices.
The following COMMONWEAL X Commonwealth Terms and C	onditionsCommonwealth Term	s and Conditions ( ), Turney	cordance with the terms of this Contract will be supported realth owed debts under 815 CMR 9.00. ges if rates or terms are being amended.)
X Commonwealer Forms	ortonions	s for authorized performance accepted in acc	realth owed debts under 815 CMR 9.00.
COMPENSATION: (Check ONE	option): The Department certifies that payments y sufficient appropriations or other non-appropria n Obligation. Attach details of all rates, units, cal ract. Enter Total Maximum Obligation for total du	ated funds, subject to intercept to consistent	ges if rates or terms are being amended.)
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y 3 were incurred as of Ju	ily 1st, 2017, a date PRIOR to the Effective Da	reimbursement payments, and that the deta	curred <u>prior</u> to the <u>Effective Date</u> .  Its for any obligations incurred prior to the <u>Effective</u> alls and circumstances of all obligations under this om further claims related to these obligations.
Date are authorized to be mad-	IN 1st, 2017, a date PRIOR to the Effective De e either as settlement payments or as authorized proporated into this Contract. Acceptance of payments of payments of payments of payments of payments of the p	nents forever releases the Commonwealth it	ats for any obligations incurred prior to the <u>encourage</u> ails and circumstances of all obligations under this om further claims related to these obligations. Incurred after this date unless the Contract is properly ination for the purpose of resolving any claim or dispute, g or final payments, or during any lapse between
Contract are attached and inco	the portion and shall terminate as of June	30th, 2018 with no new obligations being a	ncurred after this date unless the Contract is properly ination for the purpose of resolving any claim or dispute, g or final payments, or during any lapse between
CONTRACT END DATE.	orms of this Contract and performance expect	allons and obligation need reporting, invoicing	g or final payments, or during any the
amended, blovided didt are	terms and warranties, to allow any close out t	) ((dilotoo)) p - · ·	Little that this Contract (
amendments.	to the man but the	narties, the "Effective Date" of this Contra	ct or Amendment shall be the latest date that this control mendment Start Date specified above, subject to any require to by reference if not attached hereto) under the pains are lat all terms governing performance of this Contract and doin lat all terms governing performance of this Contract and doin the applicable Commonwealth Terms at
CERTIFICATIONS: Notwith	standing verbal or other representations by the	or, the Department, or a later Contract of Ar	mendment Start Date specified above, subject to any request do by reference if not attached hereto) under the pains and lat all terms governing performance of this Contract and doing cument precedence, the applicable <a href="Commonwealth Terms all cument precedence">Commonwealth Terms all cument precedence, the applicable <a href="Commonwealth Terms all cument precedence">Commonwealth Terms all cument precedence, the applicable <a href="Commonwealth Terms all cuments">Commonwealth Terms all cuments are the common and cuments are the cuments are</a></a></a>
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anniovais, the Contractor	mulical documentation upon it	guest to support the	niment precedence, die application of the tests Dospons
penalties of perjury, agrees	" I all as incomprated by reference herei	Il according to the Bonnest for Res	ponse (RFR) of outer sollowards, and only if made us
Conditions, this Standard C	Contract Form including the Instructions and Oct	will take precedence over the relevant terms	nument precedence, the applicable Commonwealur Tenns (sponse (RFR) or other solicitation, the Contractor's Response in the RFR and the Contractor's Response only if made using the best value, lower costs, or a more cost effective Contractit in best value, lower costs, or a more cost effective Contractit in best value, lower costs, or a more cost effective Contractit in best value, lower costs, or a more cost effective Contractit in best value, lower costs, or a more cost effective Contractit in best value, lower costs, or a more cost effective Contractit in best value, lower costs, or a more cost effective Contractit in best value, lower costs, or a more cost effective Contraction in the
and additional negotiated to	ems, provided that additional negotiated terms,	any amended RFR or Response terms resu	ponse (RFR) or other solicitation, the Contractor's Response only if made using the RFR and the Contractor's Response only if made using the best value, lower costs, or a more cost effective Contractor of the COMMONWEALTH:
the process outlined in 801	CINK 21,07, MICOPORTOR:	AUT/AORIZING SIGNATE	11000 2-1-10
			1 Be Handwritten At Time of Signature)
Via Oliam	t Be Handwritten At Time of Signature)	(Signature and Date Mus	t Be Handwritten At Time of Organia 7 9
(Signature and Date Mus	t Be Handwritten At Time of Signature)	Print Name:	19-1-10-10-10
Print Name: 2	un Wigley.	Print Title:	7
Print Title:	Delman esteration.		

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www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov.	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
CONTRACTOR LEGAL NAME:	MAINAND LIGHTERS LIGHE: ELD	
TOWN OF STURBRIDGE  Legal Address: (W-9, W-4,T&C):	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
208 MAIN ST STURBRIDGE MA 01566-2300	The state of the different by	
Contract Manager: Melissa Beauchemin Lean CAUmbrid	Billing Address (if different):	
: ::::::::::::::::::::::::::::::::::::	: Stacey O'Connell	
Phone: 508-347-7575 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us  Phonoid 647-222-7419 Fax: 1-617-727-9368	
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 9 5	Phone, 1-011-222-1-1-0	
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COASturbridge000	
Note: The Address Id Must be set up for payments.)	<del>เล้าเด็วกออูนเยเกยเน้ or <u>Other lib Number</u>: Grant Award</del>	
	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")  Enter Amendment Amount: \$ (or "no change")  Check one option only. Attach details of Amendment changes.)	
1 Table 1 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)	Amendment to Scope of Budget (Attach typothes Stope Amendment to Scope of Budget)  Interim Contract (Attach justification for Interim Contract and updated scope/budget)	
Contract (Attach instruction for emergency, scope, budger)	. — I (Asset encomparts to econo or hiddel)	
A Construction (Attack Employment Statis Form, Scope, Dudged)	Contract Employee (Attach any updates to scope of bases)  Lagiclatival again Other (Attach authorizing language/justification and updated scope	
X Legislativell enal or Other: (Attach authorizing language/justification,	المسلمين الم	
scope and budget The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been expensed to the following Commonwealth Terms at	xecuted, filed with CTR and is incorporated by reference into this contract.	
	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.	
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in 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). \$18.876.00  PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must be properly accelerated 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 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 within 20 days % PPD; Payment and 24 days of calculated by a 24 days of calculated 45 day occle statutorylegal or Ready Payments ("PD; Payment issued within 20 days within 20 days within 20 days within 20 days % PPD; Payment issued within 20 days % PPD; Payment issued within 20 days within 20 d		
Contract are attached and incorporated into this contract. Proceedings of June 30th 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 transport of the completing any negotiated terms and warranties, to allow any close out or transport of the contract are contracted.	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, sition performance, reporting, invoicing or final payments, or during any lapse between	
Amendment has been executed by an authorized signator 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 accounts and Contract Form including the instructions and Contract	is, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Department, or a later Contract or Amendment Start Date specified above, subject to any required Contractor Certifications (incorporated by reference if not attached hereto) under the pains and to support compliance, and agrees that all terms governing performance of this Contract and doing ording to the following hierarchy of document precedence, the applicable contractor's Response or 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:  Contract Track Track  Contract Track  Cont	



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definitions, 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 Vendors - Forms\_or www.mass.gov/osd\_under Q 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 TOWN OF SUNDERLAND Legal Address: (**W-9, W-4,T&C)**: 12 SCHOOL ST SUNDERLAND MA 01375-9503 Billing Address (if different): Contract Manager: Marlene Johnson Contract Manager: Stacey O'Connell E-Mail: Stacey.O'Connell@MassMail.state.ma.us E-Mail: scsc@town.deerfield.ma.us Fax: Fax: 1-617-727-9368 hone: 413-665-9508 Phone:1-617-222-7419 Contractor Vendor Code: VC6000191997 FY18COASunderland000 MMARS Doc ID(s): Vendor Code Address iD (e.g. "AD001"): AD001. RFR/Procurement or Other (O Number: Grant Award Note: The Address id Must be set up for EFT payments.) CONTRACT AMENDMENT . 20 Enter Current Contract End Date Prior to Amendment: X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) \_\_. (or "no change") Enter Amendment Amount: \$\_\_\_\_ AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Amendment to Scope or Budget (Attach updated scope and budget) Department Procurement (includes State or Federal grants §15 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, 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). \$5,403.00 PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EF1 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 30 days % PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (GL 6. 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 activity performance performance of the Composition of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Furthernay 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. , 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 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 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 penalities of perjury, agrees to provide any required documentation upon request to support compilative, and agrees that all terms governing penolitical times control business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Conditions, this Standard Contract Form including the instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's 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. \_. Date: 🗷 (Signature and Date Must Be Handwritten At Time of Signature) (Signature and Date Must be Handwritten)At Jime of Signature)
Print Name: Connecty 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. COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs CONTRACTOR LEGAL NAME: MMARS Department Code: ELD TOWN OF SUTTON Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108 <u>-egal Address</u>: (W-9, W-4,T&C): UXBRIDGE RD SUTTON MA 01590-1702 Billing Address (if different): Contract Manager: Michelle Edelstein Contract Manager: Stacey O'Connell E-Mail: m.edelstein@town.sutton.ma.us E-Mail: Stacey.O'Connell@MassMail.state.ma.us Fax: Phone: 508-234-0703 Fax: 1-617-727-9368 Phone:1-617-222-7419 Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 9 8 MMARS Doc ID(s): FY 18 COASutton 0000000 Vendor Code Address ID (e.g. "AD001"): AD<u>001</u>. RFR/Procurement or Other ID Number: Grant Award Note: The Address ld Must be set up for  $\overline{\mathsf{EFT}}$  payments.) CONTRACT AMENDMENT X NEW CONTRACT Enter Current Contract End Date Prior to Amendment: PROCUREMENT OR EXCEPTION TYPE: (Check one option only) \_\_. (or "no change") Enter Amendment Amount: \$\_\_ Statewide Contract (OSD or an OSD-designated Department) AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.) Collective Purchase (Attach OSD approval, scope, budget) Amendment to Scope or Budget (Attach updated scope and budget) Department Procurement (includes State or Federal grants 815 CMR 2.00) Interim Contract (Attach justification for Interim Contract and updated scope/budget) (Attach RFR and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach any updates to scope or budget) Contract Employee (Attach Employment Status Form, scope, budget) Legislative/Legal or Other: (Attach authorizing language/justification and updated scope X Legislative/Legal or Other: (Attach authorizing language/justification, 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). \$15,578.00 PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.) BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funding as upport Council on Aging activities as identified in the annually published COA Formula Grant Guide. 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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. AUTADRIZING SIGNATURE FOR THE COMMONWEALTH AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: Date: Date: (Signature and Dayle Must Be Handwritten At Time of Signature) Date: (Signature and Date Must Be Handwritten At Time of Signature) (onnel Print Name: James Smith Print Name: Print Title: Print Title: Town Administrator

523

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www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/o	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
CONTRACTOR LEGAL NAME:	COMMONWEALTH DEPARTMENT NAME: Executive Office of Edge Andrio  MMARS Department Code: ELD	
OWN OF SWAMPSCOTT	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
_egal Address: (W-9, W-4,T&C): 2 MONUMENT AVE SWAMPSCOTT MA 01907-1977		
Contract Manager: Marilyn Hurwitz	Billing Address (If different):	
-Mail: mhurwitz@town.swampscott.ma.us	Contract Manager: Stacey O'Connell	
Phone: 781-596-8866 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 9 9	Phone: 1-617-222-7419 Fax: 1-617-727-9368	
/endor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COASwampscott000	
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	
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 Durchase (Attach OSD approval, scope, budget)	AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)	
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)	Amendment to Scope or Budget (Attach updated scope and budget)	
Emergency Contract (Attach justification for emergency, scope, budget)	Interim Contract (Attach justification for Interim Contract and updated scope/budget)	
Contract Employee (Attach Employment Status Form, scope, budget)	Contract Employee (Attach any updates to scope or budget) <u>Legislative/Legal or Other: (</u> Attach authorizing language/justification and updated scope	
X Legislative/Legal or Other: (Attach authorizing language/justification,	and budget)	
Scope and budget  The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed the following Commonwealth Terms and Commonwealth Terms are commonwealth Terms and Commonwealth Terms and Commonwealth Terms are commonwealth Terms and Commonwealth Terms are commonwealth Terms and Commonwealth Terms and Commonwealth Terms are commonwealth Terms and Commonwealth Terms and Commonwealth Terms are commonweal	cuted, filed with CTR and is incorporated by reference into this Contract.	
X Commonwealth Terms and Conditions Continuous and Conditions	CONTINUED STATE OF ST	
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)  X Maximum Obligation Contract. Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$33,162.88  PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)  BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2016)—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, o		
the fifth of the fifther Date (latest signature date helow) and no obline	ligations have been incurred <u>prior t</u> o the <u>Effective Date</u> .	
Contract are attached and incorporated into this Contract. Acceptance of payments forever recesses the Contract are attached and incorporated into this Contract. Acceptance of payments forever recesses the Contract are contracted into this 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 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 any required documentations (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 penjury, agrees that all terms governing performance of this Contract and doing penjury agrees to penjury agrees		

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www.mass.gov/osc.under Guidance For Vendors - Forms or www.mass.gov/o	sd under USD Forms.	
CONTRACTOR LEGAL NAME:	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
OWN OF SWANSEA	MMARS Department Code: ELD	
Legal Address: (W-9, W-4, T&C): 31 MAIN ST SWANSEA MA 02777-4616	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Laurie Pimental	Billing Address (if different):	
E-Mail:  pimentel@town.swansea.ma.us	Contract Manager: Stacey O'Connell	
Phone: 508-676-1831 Fax:	E-Mail: Stacey.O'Conneil@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 0 2	Phone:1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COASwansea000000	
Note: The Address Id Must be set up for EFT payments.)	RFR/Procurement or Other ID Number: Grant Award	
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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 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 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 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 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 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 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 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 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 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 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 COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed the followin	and budget)	
The following COMMONWEALTH TERMS AND CONDITIONS (184) has been exec X_Commonwealth Terms and ConditionsCommonwealth Terms and conditionsCommonwealth Terms and conditionsCommonwealth Terms and conditions	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 payment are issued through the payment issued within 10 days % PPD; Payment issued 30 days % PPD. If PPD percentages are left blank, identify reason: X agree to state payment (subsequent payments scheduled to support standard EFT 45 day payment cycles.)	of this Contract (or <i>new</i> Total if Contract is being amended). \$37,761.99  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 cle. See Prompt Pay Discounts Policy.)	
the municipalities of the Commonwealth. The award amount is determined by a census- identified in the annually published COA Formula Grant Guide. The activity performance report accounting for how these grant funds were applied. Ongoing eligibility for formula	period for this award is 7/1/2017 – 6/30/2018. The municipality will complete a final fiscal grant funding is contingent on satisfactory prior year performance.	
ANTICIPATED START DATE: (Complete ONE option only) The Department and 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 ob	igations have been incurred <u>prior</u> 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 below, and the parties agree that payments for any obligations incurred prior to the Effective Date below, and the parties agree that payments 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 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, 20 amended, provided that the terms of this Contract and performance expectations and for completing any negotiated terms and warranties, to allow any close out or transition amendments.	d obligations shall survive its termination for the purpose of resolving any claim or dispute, on performance, reporting, invoicing or final payments, or during any lapse between	
Amendment has been executed by an authorized signatory of the Contractor, the De approvals. The Contractor makes all certifications required under the attached Corpenalties 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 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 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, ecedence over the relevant terms in the RFR and the Contractor's Response only if made using ded RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X: Signature and Date Must Be Handwritten At Time of Signature)  Print Name:  Print Title:	

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