

CITY OF TAUNTON	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4,T&C):	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
15 SUMMER ST TAUNTON MA 02780-3430	Dillion Addison (S. 1994)	
Contract Manager: Anne C. Bisson	Billing Address (if different):	
E-Mail: abisson@taunton-ma.gov	Contract Manager: Stacey O'Connell	
Phone: 508-821-1425 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 0 3	Phone:1-617-222-7419 Fax: 1-617-727-9368	
<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.)	MMARS Doc iD(s): FY18COATaunton000000	
	RFR/Procurement or Other ID Number: Grant Award	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	CONTRACT AMENDMENT	
Statewide Contract (OSD or an OSD-designated Department)	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20 Enter Amendment Amount: \$ (or "no change")	
Collective Purchase (Attach OSD approval, scope, budget)	AMENDMENT TYPE: (Check one option only, Attach details of Amendment changes.)	
Department Procurement (includes State or Federal grants 815 CMR 2.00)	Amendment to Scope or Budget (Attach updated scope and budget)	
(Attach RFR and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget)	Interim Contract (Attach justification for Interim Contract and updated scope/budget)	
Contract Employee (Attach Employment Status Form, scope, budget)	Contract Employee (Attach any updates to scope or budget)	
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget	Legislative/Legal or Other: (Attach authorizing language/justification and updated scope	
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 exec	and budget) sufed, filed with CTR and is incorporated by reference into this Contract.	
	Conditions For Human and Social Services,	
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) X. Maximum Obligation Contract. Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$97,866.07 PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial		
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This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at www.mass.gov/osc/under/OSD Forms.

www.mass.gowosc.ander Galdance i di Vondoro i gama di	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
CONTRACTOR LEGAL NAME: OWN OF TEMPLETON	MMARS Department Code: ELD	
egal Address; (W-9, W-4,T&C);	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
O BOX 620 EAST TEMPLETON MA 01438-0620 Contract Manager: Dianna Morrison	Billing Address (if different):	
Contract Manager: Dialina Monach E-Mail: coadirector@templeton1.org	Contract Manager: Stacey O'Connell	
Phone: 978-894-2780 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 0 4	Phone: 1-617-222-7419 Fax: 1-617-727-9368	
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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contra Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required 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 has been executed by an authorized signatory of the Contractor Certifications (incorporated by reference if not attached hereto) under the pains approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains approvals. The Contractor Certifications (incorporated by reference if not attached hereto) under the pains approvals. The Contractor Certifications (incorporated by reference if not attached hereto) under the pains approvals. The Contractor Certifications (incorporated by reference if not attached hereto) under the pains approvals. The contractor Certifications (incorporated by reference if not attached hereto) under the pains approvals. The contractor Certifications (incorporated by reference if not attached hereto) under the pains approvals. The support compliance, and agrees that all terms governing performance of this Contractor Certifications (incorporated by reference if not attached hereto) under the pains approvals. The contractor Certifications (incorporated by reference if not attached hereto) under the pains approvals in the contractor Certifications (incorporated by reference if not attached hereto) under the pains approvals in the contractor Certifications (incorporated by reference if not attached hereto) under the pains approvals in the contractor Certifications (incorporated by reference if not attached hereto) under the pains approvals in the contractor Certifications (incorporat		

(Npdated 1/4/2018) Page 1

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CONTRACTOR LEGAL NAME: TOWN OF TEWKSBURY		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
<u>Legal Address: (W-9, W-4,T&C):</u> 1009 MAIN ST TEWKSBURY MA 01876-4726		Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Ashley Springman		Billing Address (if different):	
E-Mail: aspringman@tewksbury-ma.gov		Contract Manager: Stacey O'Connell	
Phone: 978-640-4482	Fax:	E-Mail: Stacey.O'Connell@MassMail.state.	ma.us
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 0 5		Phone:1-617-222-7419	Fax: 1-617-727-9368
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COMPENSATION: (Check ONE option): The Depart in the state accounting system by sufficient appropriation. Rate Contract (No Maximum Obligation. Attach of X Maximum Obligation Contract Enter Total Maximum PROMPT PAYMENT DISCOUNTS (PPD): Common	tions or other non-appropriated to letails of all rates, units, calculation mum Obligation for total duration	ands, subject to intercept for Commonwealth owed ons, conditions or terms and any changes if rates of of this Contract (or <i>new</i> Total if Contract is being a nucl. FFT 45 days from involce receipt. Contracts	or terms are being amended.) amended). \$59,442.00 ors requesting accelerated payments must
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ANTICIPATED START DATE: (Complete ONE option only) The Department and Control		ntractor certify for this Contract, or Contract Amend	dment, that Contract obligations:
		ligations have been incurred <u>prior</u> to the <u>Effective</u> low and <u>no</u> obligations have been incurred <u>prior</u> to v, and the parties agree that payments for any oblights reement payments, and that the details and circum sover releases the Commonwealth from further clain	<u>Date.</u> o the <u>Effective Date.</u> gations incurred prior to the <u>Effective</u> nstances of all obligations under this ms related to these obligations.
Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations. CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 with no new obligations being incurred after this date unless the Contract is proper amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or different 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.			his date unless the contract is properly purpose of resolving any claim or dispute, nents, or during any lapse between
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to a approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached herelo) under the penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealths Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's and additional negotiated terms, provided that additional negotiated terms, provided that additional negotiated terms, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X:		if note specified above, subject to any required to any required verning performance of this Contract and doing ence, the applicable Commonwealth Terms and or other solicitation, the Contractor's Response, dithe Contractor's Response only if made using lower costs, or a more cost effective Contract. COMMONWEALTH: Date: Date:	

(Updated 1/4/2018) Page 1

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www.mass.gov/osc_under Guidance For Vendors - Forms_or www.mass.gov.	JOSE UNIDER COST FORMS.	
CONTRACTOR LEGAL NAME:	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
TOWN OF TISBURY	MMARS Department Code: ELD Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
<u>Legai Address:</u> (W-9, W-4,T&C) : PO BOX 2147 VINEYARD HAVEN MA 02568-0916		
Contract Manager: Joyce Stiles-Tucker	Billing Address (if different):	
E-Mail: jstucker@tisburyma.gov	Contract Manager: Stacey O'Connell	
Phone: 508-696-4205 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 0 6	Phone:1-617-222-7419 Fax: 1-617-727-9368	
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2. may be incurred as of, 20 , a date LATER than the Effective Date below. X 3. were incurred as of, 20 , a date PRIOR to the Effective Date below. Date are authorized to be made either as settlement payments or as a settlement payments or as a foreign as the contract. Acceptance of payments for	w, and no obligations have been incurred <u>prior</u> to the <u>Effective Date</u> . w, and the parties agree that payments for any obligations incurred prior to the <u>Effective</u> prisement payments, and that the details and circumstances of all obligations under this priver releases the Commonwealth from further claims related to these obligations.	
Date are authorized to be made either as settlement payments or as authorized reinholds either as settlement payments for as authorized terminations and obligations. Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations. CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.		
Amendment has been executed by an authorized signatory of the Contractor, the D approvals. The Contractor makes all certifications required under the attached Ct penalties of perjury, agrees to provide any required documentation upon request to business in Massachusetts are attached or incorporated by reference herein according Conditions, this Standard Contract Form including the instructions and Contracted according to the instructions.	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 anded 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 Data Must Be Handwritten At Time of Signature) Print Name: Print Title:	

Ky.

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

COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs CONTRACTOR LEGAL NAME: OWN OF TOLLAND MMARS Department Code: ELD Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108 Legal Address: (W-9, W-4,T&C): 241 W GRANVILLE RD TOLLAND MA 01034-9543 Billing Address (if different): Contract Manager: Jean Armitage Contract Manager: Stacey O'Connell E-Mail: councilonaging@tolland-ma.com E-Mail: Stacev.O'Connell@MassMail.state.ma.us Fax: Phone: 413-258-4794 Fax: 1-617-727-9368 Phone:1-617-222-7419 Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 0 7 MMARS Doc ID(s): FY18COATolland000000 Vendor Code Address ID (e.g. "AD001"): AD001. Note: The Address Id Must be set up for **EFT** payments.) RFR/Procurement or Other ID Number: Grant Award CONTRACT AMENDMENT X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Enter Current Contract End Date Prior to Amendment: . 20 Statewide Contract (OSD or an OSD-designated Department) _. (or "no change") Enter Amendment Amount: \$ 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 any updates to scope or budget) Contract Employee (Attach Employment Status Form, scope, budget) Legislative/Legal or Other: (Attach authorizing language/justification and updated scope X Legislative/Legal or Other: (Attach authorizing language/justification, and budget) scope and budget The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract. Commonwealth Terms and Conditions For Human and Social Services. X Commonwealth Terms and Conditions COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$5,000.00 PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 20 days % PPD, Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.) BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a 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. Fundament support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2016/- 6/30/2018/ the municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance. ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: _1. may be incurred as of the Effective Date (tatest signature date below) and no obligations have been incurred prior to the Effective Date. , a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date. X 3. were incurred as of July 1st, 2017, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations. CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 864, CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: AUTHORIZING SIGNATURE FOR THE CONTRACTOR: . Date: / /22/18 (Signature and bate Must Be Handwritten At Nime of Signature)
Print Name: (Signature and Date Must Be Handwritten At Time of Signature) Print Name: Fric P MUNICATTY
Print Title: CHAIR ROMAGE STECKHAN Print Title:

(Updated 1/4/2018) Page 1



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

CONTRACTOR I CAL MARKE.	7	COMMONWEALTH DEPARTMENT N	IAME: Executive Office of Elder Affairs
CONTRACTOR LEGAL NAME: Town of Topsfield		MMARS Department Code: ELD	
<u>Legal Address:</u> (W-9, W-4,T&C) : 8 W COMMON ST TOPSFIELD MA 01983-1425		Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Paula Burke		Billing Address (if different):	
E-Mail: pburke@topsfield-ma.gov		Contract Manager: Stacey O'Conne	ell .
	Fax:	E-Mail: Stacey.O'Connell@MassMai	
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 0 8		Phone:1-617-222-7419	Fax: 1-617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD001.		MMARS Doc ID(s): FY18COAT	opsfield0000
Note: The Address Id Must be set up for EFT paymen	nts.)	RFR/Procurement or Other ID Numb	er: Grant Award
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one		CONT Enter Current Contract End Date <u>Pris</u> Enter Amendment Amount: \$	
Statewide Contract (OSD or an OSD-designated Depa Collective Purchase (Attach OSD approval, scope, bu Department Procurement (Includes State or Federal of (Attach RFR and Response or other procurement supp	dget) rants <u>815 CMR 2.00</u>)	AMENDMENT TYPE: (Check one op Amendment to Scope or Budget (At	tion only. Attach details of Amendment changes.) tach updated scope and budget)
Emergency Contract (Attach justification for emergen Contract Employee (Attach Employment Status Form, X Legislative/Legal or Other: (Attach authorizing la	cy, scope, budget) , scope, budget)	Contract Employee (Affach any upda	or Interim Contract and updated scope/budget) Ites to scope or budget) Uthorizing language/justification and updated scope
scope and budget The following COMMONWEALTH TERMS AND CO X Commonwealth Terms and Conditions	NDITIONS (T&C) has been ex Commonwealth Terms and	ecuted, filed with CTR and is incorporated Conditions For Human and Social Service	ed by reference into this Contract. es.
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$13,161.34 PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must intention of the Contract of the Cont			frates or terms are being amended.) s being amended). \$13,161,34 contractors requesting accelerated payments must ed within 20 days % PPD; Payment issued within
30 days % PPD. If PPD percentages are left blank, identify reason: X agree to 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 Promot Pay Discounts Policy.) BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula pant award to the Councils on Aging the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds and support Council on Aging activity identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2016 - 6/30/2017. The municipality will complete a final fisc		a formula grant award to the Councils on Aging of g. Furfus ha) support Council on Aging activities as 2007, Vise 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 periormance. ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:			t Amendment, that Contract obligations: Iffective Date. I <u>prior to the Effective Date.</u> In the Effective Date to the Effective of circumstances of all obligations under this
Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations. CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and do business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made use the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contractor and Date Must Be Handwritten At Time of Signature) Value		reference if not attached hereto) under the pains and reference if not attached hereto) under the pains and rms 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 tyalue, lower costs, or a more cost effective Contract. R THE COMMONWEALTH:	

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CONTRACTOR LEGAL NAME: TOWN OF TOWNSEND			COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4,T&C):			Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
272 MAIN ST TOWNSEND MA 01469-1510 Contract Manager: Karin C. Moore		Billing Address (I	f different):	
E-Mail: coa@townsend.ma.us			: Stacey O'Connell	
Phone: 978-597-1710	Fax:		Connell@MassMail.state.	ma.us
Contractor Vendor Code: VC 6000192009	I MA:	Phone:1-617-222-		Fax: 1-617-727-9368
Vendor Code Address iD (e.g. "AD001"): AD001.			: FY18COATowns	end00000
Note: The Address id Must be set up for <u>EFT</u> payment	nts.)		or Other ID Number: Gra	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR anc Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget) The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract. X Commonwealth Terms and Conditions Contract Employee (Attach incorporated by reference into this Contract. CONTRACT AMENDMENT Enter Current Contract End Date Prior to Amendment: Amendment Amount: \$ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of Amendment to Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget) Contract Employee (Attach authorizing language/justification and updated scope or budget) Legislative/Legal or Other: (Attach authorizing language/justification and updated 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.		nendment:, 20 or "no change") ily. Attach details of Amendment changes.) dated scope and budget) m Contract and updated scope/budget) cope or budget) ng language/justification and updated scope		
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$13.696.00 PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EET 45 days from invoice receipt. Contractors requesting accelerated payments must			deots under 815 CMR 9.00. or terms are being amended.) amended). \$13,696.00 ors 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 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 the municipalities of the Commonwealth. The award amount is determined by a census-basec allocation of available grant funding. Funding support Council on Aging activitie identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2016 - 6/30/2019. The activity will complete a final fiscal		yments (G.L. c. 29, § 23A); only Initial lagrant award to the Councils on Aging of lagrant award to the Council on Aging activities as the prunicipality will complete a final fiscal		
report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance. ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:			tment, that Contract obligations: <u>Date.</u> the <u>Effective Date.</u> gations incurred prior to the <u>Effective</u> istances of all obligations under this ns related to these obligations.	
CONTRACT END DATE: Contract performance shall terminate as of <u>June 30th, 2018</u> with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiatec terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.				
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and do business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms Conditions, this Standard Contract Form including the instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response and additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made us the process of utilined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contractor Signature and Date Must Be Handwritten At Time of Signature) Print Name: Date:		t Date specified above, subject to any required if not attached hereto) under the pains and verning performance of this Contract and doing nce, the applicable <u>Commonwealth Terms and rother solicitation</u> , the Contractor's Response, If the Contractor's Response only if made using lower costs, or a more cost effective Contract. COMMONWEALTH: Date:		

(Updated 174/2018) Page 1



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www.mass.gov/osc under Guidance For Vendors - Fo	rms_or_www.mass.gov/	osa unaer OSD moinis.	Consulting Office of Elder Affaire
CONTRACTOR LEGAL NAME: TOWN OF TRURO		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
		MMARS Department Code: ELD	L D 547 Poston MA 02409
<u>Legal Address:</u> (W-9, W-4,T&C) : PO BOX 2030 TRURO MA 02666-2030		Business Mailing Address: 1 Ashburton P	lace Room 517, Boston, MA 02100
Contract Manager: Susan M. Travers		Billing Address (if different):	
E-Mail: coadirector@truro-ma.gov		Contract Manager: Stacey O'Connell	
Phone: 508-487-2462 Fax:		E-Mail: Stacey.O'Connell@MassMall.state.	ma.us
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 1 0		Phone:1-617-222-7419	Fax: 1-617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD001.		MMARS Doc ID(s): FY18COATruro0	000000
Note: The Address id Must be set up for EFT payments.)		RFR/Procurement or Other ID Number: Gra	
			AMENDMENT
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option	only)	Enter Current Contract End Date Prior to Ar	
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 on	ly. Attach details of Amendment changes.)
Department Procurement (includes State or Federal grants 81)	5 CMR 2,00)	Amendment to Scope or Budget (Attach up	dated scope and budget)
(Attach RFR and Response or other procurement supporting doc Emergency Contract (Attach justification for emergency, scope	e, budget)	Interim Contract (Attach justification for Interior	
Contract Employee (Attach Employment Status Form, scope, b	oudget)	Contract Employee (Attach any updates to s Legislative/Legal or Other: (Attach authorizing	cope or budget)
X Legislative/Legal or Other: (Attach authorizing language/ju		and budget)	
scope and budget The following COMMONWEALTH TERMS AND CONDITION	NS (T&C) has been exc	ecuted filed with CTR and is incorporated by r	eference into this Contract.
X_Commonwealth Terms and ConditionsCor	mmonwealth Terms and	Continuous For Financial and docidi dervicos.	
COMPENSATION: (Check ONE option): The Department cert	ifies that payments for a	uthorized performance accepted in accordance w	ith 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.) 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.) 87.217.00			
Y Maximum Ohlination Contract Enter Total Maximum Obligation for total duration of this Contract Contr		ore requesting accelerated payments must	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments reducing the payment issued within 15 days property and provided and provided the payment issued within 10 days provided the payment issued within 15 days provided the payment issued within 10 days provided the payment issued within 10 days provided the payment issued within 15 days provided the payment		in 20 days % PPD; Payment issued within	
identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within		yments (G.L. c. 29, § 23A); only initial	
1 1t			
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging active the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Furging may support Council on Aging active the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Furging may support Council on Aging active the municipality will complete a final first identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2016 7 6/30/2016. The municipality will complete a final first report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.		he municipality will complete a final fiscal	
ANTICIPATED START DATE: (Complete ONE option only)	The Department and Co	intractor certify for this Contract, or Contract Amer	dment, that Contract obligations:
1. may be incurred as of the Effective Date (latest signature	o data below) and no of	Minations have been incurred prior to the Effective	e Date.
	the Effective Oatable	Jour and na objections have reen intilities brist	IO HIE EHEGIVE DAIG:
2. may be incurred as of, 20 _, a date LATER the, a date PRIOR to	the Effective Date below	w, and the parties agree that payments for any ob	ligations incurred prior to the Effective
X 3. were incurred as of <u>July 1st. 2017</u> , a date PRIOR to <u>Date</u> are authorized to be made either as settlement payments	or as authorized reimbu	rsement payments, and that the details and circul	mstances of all obligations under this ims related to these obligations.
Contract are attached and incorporated into this Contract. Acc	eptance of payments to	046 with no pay obligations being incurred after	this date unless the Contract is properly
amended provided that the terms of this Contract and performance	mance expectations a	nd obligations shall survive its termination for the	e purpose of resolving any claim or dispute,
CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2016 with no new congacons being inclined out of the purpose of resolving any claim or dispute, amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between			
amendments.		" HERE A Date # of this Contract or Amenda	pent shall he the latest date that this Contract or
CERTIFICATIONS: Notwithstanding verbal or other represer Amendment has been executed by an authorized signatory	ntations by the parties, of the Contractor, the D	enartment, or a later Contract or Amendment Sta	art Date specified above, subject to any required
Amendment has been executed by an authorized signatory of approvals. The Contractor makes all certifications required	under the attached Co	ontractor Certifications (incorporated by reference	e if not attached hereto) under the pains and
Amendment has been executed by an authorized signatory of the Contractor, the Department, of a tatel Contract of Amendment Contractor Contractor 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 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 pains and approvals. The Contractor makes all certifications required under the pains and approvals. The Contractor makes all certifications required under the pains and approvals. The Contractor makes all certifications required 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 (incorporated by reference if not attached hereto) under the pains and approvals. The Contractor makes all certifications (incorporated by reference if not attached hereto) under the pains and approvals. The Contractor makes all certifications (incorporated by reference if not attached hereto) under the pains and approvals. The Contractor makes all certifications (incorporated by reference if not attached hereto) under the pains and approvals. The Contractor makes all certifications (incorporated by reference if not attached hereto) under the pains and approvals. The Contractor makes all certifications (incorporated by reference if not attached hereto) under the pains and approvals (incorporated by reference if not attached hereto) under the pains and approvals (incorporated by reference if not attached hereto)			
business in Massachusetts are attached or incorporated by reference neight according to the children to children the Response (RFR) or other solicitation, the Contractor's Response			
Conditions, this Standard Contract Form including the Instru and additional negotiated terms, provided that additional neg	otiated terms will take p	recedence over the relevant terms in the RFR ar	nd the Contractor's Response only if made using
the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended XFX of X		MORO WEW OF WESPONSE NOTING TOTAL IN DOOR LANGE	1 100191 4 1
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	11	AUTHORIZING SIGNATURE FOR THE	COMMONWEALTH.
x: Wearfalk Date:	1/11/18.	X: POOR BUN	Date: 2-1-18.
(Signature and Date Must Be Handwritten At Time of Sign	nature)	(Signature and Date Must Be Handwitt	ten At Time of Signature) ONNER (9
Print Name KAE ANN PALMER.		Print Name. 1 34 1 1	7.1
Print Title: TOWN MANAGER	<u>-</u> •	Print Title:	*

(Updated 1/4/2018) Page 1

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CONTRACTOR LEGAL NAME:			NT NAME: Executive Office of Elder Affairs
TOWN OF TYNGSBOROUGH		MMARS Department Code: ELD	
<u>Legal Address: (W-9, W-4,T&C):</u> 10 KENDALL RD TYNGSBORO MA 01879-1013		Business Mailing Address: 1 A	shburton Place Room 517, Boston, MA 02108
Contract Manager: Barbara Roche		Billing Address (if different):	
E-Mail: broche@tyngsboroughma.gov		Contract Manager: Stacey O'Co	nnell
Phone: 978-649-9211	Fax:	E-Mail: Stacey.O'Connell@Mass	:Mail.state.ma.us
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 1 1		Phone:1-617-222-7419	Fax: 1-617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD001.		MMARS Doc ID(s): FY18CO	ATyngsborough0
Note: The Address Id Must be set up for <u>EFT</u> payme	nts.)	RFR/Procurement or Other ID No	ımber: Grant Award
X NEW CONTRACT	, , , , , , , , , , , , , , , , , , ,	cc	NTRACT AMENDMENT
PROCUREMENT OR EXCEPTION TYPE: (Check on	• •	Enter Current Contract End Date	
Statewide Contract (OSD or an OSD-designated Dep		Enter Amendment Amount: \$	
Collective Purchase (Attach OSD approval, scope, but Department Procurement (includes State or Federal)			e option only. Attach details of Amendment changes.)
(Attach RFR and Response or other procurement supp	orting documentation)		t (Attach updated scope and budget)
Emergency Contract (Attach justification for emerger		Contract Employee (Attach any u	on for Interim Contract and updated scope/budget)
Contract Employee (Attach Employment Status Form X Legislative/Legal or Other: (Attach authorizing la	, scope, buoger) nauaae/iustification.	Legislative/Legal or Other: (Attac	phoates to scope or budger) ch authorizing language/justification and updated scope
scope and budget		and budget)	
The following COMMONWEALTH TERMS AND CO X Commonwealth Terms and Conditions	ONDITIONS (T&C) has been ex Commonwealth Terms and	acuted, filed with CTR and is incorpa Conditions For Human and Social Se	prated by reference into this Contract. rvices.
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). \$15,801.00 PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 10 days % PPD; Payment issued within 10 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29. § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.) BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/20167-6/30/2016. 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. Amendment, that Contract obligations: 1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been inc			
CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains are penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doir business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms are Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process ordined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X:			

(Updated 1/4/2018) Page 1

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CONTRACTOR LEGAL NAME: TOWN OF TYRINGHAM		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4,T&C):		Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
116 MAIN RD TYRINGHAM MA 01264-9700 Contract Manager: Thomas Fennelly		Billing Address (if different):	
E-Mail: tyringham.coa@gmail.com		Contract Manager: Stacey O'Connell	
Phone: 413-243-1749x2	Fax:	E-Mail: Stacey.O'Connell@MassMall.state	.ma.us
Contractor Vendor Code: V C 6000192012	1 4451	Phone:1-617-222-7419	Fax: 1-617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD001.		MMARS Doc ID(s): FY18COATyring	sham0000
Note: The Address Id Must be set up for <u>EFT</u> payme	nts.\	RFR/Procurement or Other ID Number: Gr	the control of the co
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check on	e option only)	Enter Current Contract End Date <u>Prior</u> to A	<u>FAMENDMENT</u>
Statewide Contract (OSD or an OSD-designated Dep	•	Enter Amendment Amount: \$	
Collective Purchase (Attach OSD approval, scope, bu	idget)		nly. Attach details of Amendment changes.)
Department Procurement (includes State or Federal (grants 815 CMR 2.00)	Amendment to Scope or Budget (Attach u	
(Attach RFR and Response or other procurement supp Emergency Contract (Attach justification for emerger	oning documentation) acv. scope. buddet)	Interim Contract (Attach justification for Inter	
Contract Employee (Attach Employment Status Form X Legislative/Legal or Other: (Attach authorizing la	, scope, budget)		scope or budget) ring language/justification and updated scope
scope and budget The following COMMONWEALTH TERMS AND CO	ONDITIONS (T&C) has been exe	and budget) cuted, filed with CTR and is incorporated by	reference into this Contract.
_X_Commonwealth Terms and Conditions	Commonwealth Terms and	Conditions For Human and Social Services.	
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be suppose in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) X Maximum Obligation Contract. Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$5,000.00 PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % P		d debts under 815 CMR 9.00. or terms are being amended.) g amended). \$5,000.00 ctors requesting accelerated payments must hin 20 days % PPD; Payment issued within ayments (G.L. c. 29, § 23A); only initial	
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Agi the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Furthern yearn as ysupport Council on Aging activitientified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2015 16/30/2018. The municipality will complete a final fireport accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.		tiskmay support Council on Aging activities as The municipality will complete a final fiscal	
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:		ndment, that Contract obligations:	
1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date. 2. may be incurred as of, 20, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date. X 3. were incurred as of, 2017, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date 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.		e <u>Date.</u> to the <u>Effective Date.</u> Sligations incurred prior to the <u>Effective</u> Imstances of all obligations under this aims related to these obligations.	
CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			this date unless the Contract is properly e purpose of resolving any claim or dispute,
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contractor Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached herelo) under the proposal performance of this Contract a business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Teconditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Reand 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 may the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contractor Standard Response terms and Data Must Be Handwritten At Time of Signature) Print Name: X:		art Date specified above, subject to any required the print and the contract and doing dence, the applicable Commonwealth Terms and or other solicitation, the Contractor's Response, and the Contractor's Response only if made using the print print the print	

KIND

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.

Internace governor under Conductor for You	Idolo Tollio di Miralindocado	WOOD WHOOL OOD TOINIO.		
CONTRACTOR LEGAL NAME: TOWN OF UPTON		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs		
			MMARS Department Code: ELD Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
<u>Legal Address</u> : (W-9, W-4,T&C): 1 MAIN ST UPTON MA 01568-1619		Business Maining Address: 1 Astribution	Place Roull 517, Bostoli, MA 02100	
Contract Manager: Janice Nowicki		Billing Address (if different):		
E-Mail: jnowicki@uptonma.gov		Contract Manager: Stacey O'Connell		
Phone: 508-529-4558	Fax:	E-Mail: Stacey.O'Connell@MassMail.state	ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 1 3		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): FY18COAUpton	0000000	
Note: The Address Id Must be set up for <u>EFT</u> paymer	nts.)	RFR/Procurement or Other ID Number: Gr	ant Award	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)		Enter Current Contract End Date <u>Prior</u> to A Enter Amendment Amount: \$	(or "no change") nly. Attach details of Amendment changes.)	
Emergency Contract (Attach justification for emergen Contract Employee (Attach Employment Status Form, X Legislative/Legal or Other: (Attach authorizing lascope and budget	cy, scope, budget) scope, budget)	interim Contract (Attach justification for Inter Contract Employee (Attach any updates to s Legislative/Legal or Other: (Attach authorizi and budget)		
The following COMMONWEALTH TERMS AND CO X Commonwealth Terms and Conditions		ecuted, filed with CTR and is incorporated by a d Conditions For Human and Social Services.	reference into this Contract.	
COMPENSATION: (Check ONE option): The Departr in the state accounting system by sufficient appropriat Rate Contract (No Maximum Obligation. Attach d X Maximum Obligation Contract Enter Total Maximum Contract Contract Con	ions or other non-appropriated f etails of all rates, units, calculat num Obligation for total duration	unds, subject to intercept for Commonwealth ower ions, conditions or terms and any changes if rates n of this Contract (or <i>new</i> Total if Contract is being	d debts under 815 CMR 9.00. or terms are being amended.) amended). \$ <u>11,659.00</u>	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwidentify a PPD as follows: Payment issued within 10 c 30 days % PPD. If PPD percentages are left blank, payment (subsequent payments scheduled to support s	lays % PPD; Payment issue identify reason: X agree to st	d within 15 days % PPD; Payment issued with andard 45 day cycle statutory/legal or Ready Pa	in 20 days % PPD; Payment issued within	
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDME the municipalities of the Commonwealth. The award amount is determined by a census-b identified in the annually published COA Formula Grant Guide. The activity performance preport accounting for how these grant funds were applied. Ongoing eligibility for formula g		s-based allocation of available grant funding. Funder period for this award is 7/1/20167-6/30/20187	Manay support Council on Aging activities as municipality will complete a final fiscal	
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:		Date. o the <u>Effective Date</u> . gations incurred prior to the <u>Effective</u> nstances of all obligations under this		
CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			his date unless the Contract is properly purpose of resolving any claim or dispute,	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to a approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Conditions, this Standard Contract Form including the instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if it the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: Print Title: Towns Mental Authorized above, subject to a later Contractor, and agrees that all terms governing performance of this Contractor Certifications, incorporated by reference in out attached hereto, under the penalty of document precedence, and agrees that all terms governing performance of this Contractor Certifications, incorporated by reference in out attached hereto, under the penalty of document precedence of the following hierarchy of document precedenc		t Date specified above, subject to any required in for attached hereto) under the pains and verning performance of this Contract and doing nnce, the applicable Commonwealth Terms and rother solicitation, the Contractor's Response, if the Contractor's Response only if made using lower costs, or a more cost effective Contract. COMMONWEALTH: Date: Date: At Time of Signature)		

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CONTRACTOR LEGAL NAME:	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
TOWN OF UXBRIDGE	MMARS Department Code; ELD	
<u>Legal Address:</u> (W-9, W-4,T&C): 21 S MAIN ST UXBRIDGE MA 01569-1851	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Marsha E. Petrillo	Billing Address (If different):	
E-Mail: mpetrillo@uxbridge-ma.gov	Contract Manager: Stacey O'Connell	
Phone: 508-278-8622 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 1 4	Phone:1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc (D(s): FY 18 COAUx bridge 00000	
Note: The Address ld Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (CSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes State or Federal grants 315 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been exec	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) uted, filed with CTR and is incorporated by reference into this Contract.	
X Commonwealth Terms and Conditions Commonwealth Terms and C	onditions For Human and Social Services.	
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$23,522.00 PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)		
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ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:		
CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.		
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X:		

(Updated 1/4/2018) Page 1

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www.mass.gov/osc under Guidance For Vendors - Forms_or www.mass.gov/o	osd under OSD Forms.	
CONTRACTOR LEGAL NAME:	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
TOWN OF WAKEFIELD	MMARS Department Code: ELD	
Legal Address: (W-9, W-4,T&C): LAFAYETTE ST WAKEFIELD MA 01880-2339	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Judy Luciano	Billing Address (if different):	
E-Mail: jluciano@wakefield.ma.us	Contract Manager: Stacey O'Connell	
Phone: 781-245-3312 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 1 6	Phone:1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COAWakefield0000	
Note: The Address id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget) The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract. X Commonwealth Terms and Conditions COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth over debts under 815 CMR 9.00.		
Rate Contract. (No Maximum Obligation. Attach details of all rates, units, details of the Commonwealth. Attach details of all rates, units, details of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Complete a final fiscal in the annually published COA Formula Grant Guide. The activity performance period for final funding is continged to a softward of the formula grant funding. The set performance.		
roped accounting for how these grant finds were applied. Ungoing eligibility for formula grain funding is contained in substitution year year.		
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:		
CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 with no new obligations being incurred after this date unless the Contract as properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.		
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 referred above, subject to any required approach in the contract or Amendment shall be referred above, subject to any required approach sha		

(Updated 14/2018) Page 1

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This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.go

CONTRACTOR LEGAL NAME:	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs		
OWN OF WALES	MMARS Department Code: ELD		
Legal Address: (W-9, W-4,T&C): PO BOX 834 WALES MA 01081-0834	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108		
Contract Manager: Heather Ackerman	Billing Address (if different):		
E-Mail: coa@townofwales.net	Contract Manager: Stacey O'Connell		
Phone: 413-245-9683 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us		
Contractor Vendor Code: VC6000192017	<u>Phone</u> :1-617-222-7419		
/endor Code Address ID (e.g. "AD001"): AD <u>001</u> .	MMARS Doc ID(s): FY18COAWales0000000		
Note: The Address id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award		
X NEWCONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget)	CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment:, 20 Enter Amendment Amount: \$ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.) Amendment to Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget) Contract Employee (Attach any updates to scope or budget) Legislative/Legal or Other: (Attach authorizing language/justification and updated scope		
X_Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget	and budget)		
The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been exec			
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$5,000.00			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD, Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Finds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2016 –6/30/2016 The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.			
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:			
CONTRACT END DATE: Contract performance shall terminate as of <u>June 30th, 2018</u> with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
Amendment has been executed by an authorized signatory of the Contractor, the Depa approvals. The Contractor makes all certifications required under the attached <u>Contractor</u> penalties of perjury, agrees to provide any required documentation upon request to sur business in Massachusetts are attached or incorporated by reference herein according <u>Conditions</u> , this Standard Contract Form including the Instructions and Contractor Cerand additional negotiated terms, provided that additional negotiated terms will take precipilities.	"Effective Date" of this Contract or Amendment shall be the latest date that this Contract or artment, or a later Contract or Amendment Start Date specified above, subject to any required reactor Certifications (incorporated by reference if not attached hereto) under the pains and oport compliance, and agrees that all terms governing performance of this Contract and doing to the following hierarchy of document precedence, the applicable Commonwealth Terms and riffications, the Request for Response (RFR) or other solicitation, the Contractor's Response, redence over the relevant terms in the RFR and the Contractor's Response only if made using d RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: Date: (Signature and Date Must Be Handwritten At Time of Signature) Print Name: Print Title:		

(Updated 1/4/2018) Page 1

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This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to 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 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 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 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 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 when another form is not prescribed by regulation or policy. Any changes to Se

www.mass.gov/osc_under Guidance For Vendors - Forms_or www.mass.gov/osc_	SO UNICO CODE COME.		
CONTRACTOR LEGAL NAME:	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs		
OWN OF WALPOLE	MMARS Department Code: ELD		
Legal Address: (W-9, W-4, T&C): 35 SCHOOL ST WALPOLE MA 02081-2844	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108		
Contract Manager: Kerri McManama	Billing Address (if different):		
E-Mail: kmcmanama@walpole-ma.gov	Contract Manager: Stacey O'Connell		
Phone: 508-668-3330 Fax:	E <u>-Mail</u> : Stacey,O'Connell@MassMail.state.ma.us		
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 1 8	Phone:1-617-222-7419 Fax: 1-617-727-9368		
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COAWalpole000000		
Note: The Address Id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award		
X NEW CONTRACT	CONTRACT AMENDMENT		
PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20		
Statewide Contract (OSD or an OSD-designated Department)	Enter Amendment Amount: \$ (or "no change")		
Collective Purchase (Attach OSD approval, scope, budget)	AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)		
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)	Amendment to Scope or Budget (Attach updated scope and budget)		
Emergency Contract (Attach justification for emergency, scope, budget)	Interim Contract (Attach justification for Interim Contract and updated scope/budget)		
Contract Employee (Attach Employment Status Form, scope, budget)	Contract Employee (Attach any updates to scope or budget) Legislative/Legal or Other: (Attach authorizing language/justification and updated scope		
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget	and hudget)		
CONTROL THE TERMS AND CONDITIONS (T&C) has been exec	cuted, filed with CTR and is incorporated by reference into this Contract.		
X Commonwealth Terms and ConditionsCommonwealth Terms and Conditions	CONTRIBUTES FOR FIGURE AND COOKER CONTROL		
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) X Maximum Obligation Contract. Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$48,112.00 PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 15 days % PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial 30 days % PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.) BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2017 – 6/30/2018. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is			
CONTRACT END DATE: Contract performance shall terminate as of <u>June 30th</u> , 2016 with no new obligations of the purpose of resolving any claim or amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between			
Amendment has been executed by an authorized signatory of the Contractor, the De approvals. The Contractor makes all certifications required under the attached Col penalties of perjury, agrees to provide any required documentation upon request to susiness in Massachusetts are attached or incorporated by reference herein according Conditions, this Standard Contract Form including the Instructions and Contractor Conditions.	the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or partment, or a later Contract or Amendment Start Date specified above, subject to any required intractor Certifications (incorporated by reference if not attached hereto) under the pains and support compliance, and agrees that all terms governing performance of this Contract and doing up to the following hierarchy of document precedence, the applicable Commonwealth Terms and Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, recedence over the relevant terms in the RFR and the Contractor's Response only if made using ded RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: Date: X: Date: Date: Print Name: Print Title:		

(Updated 1/4/2018) Page 1

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

CONTRACTOR LEGAL NAME: CITY OF WALTHAM		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		Executive Office of Elder Affairs
g <u>al Address</u> : (W-9, W-4,T&C) ; I MAIN ST WALTHAM MA 02452-5580		Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108		
Contract Manager: Marybeth Duffy		Billing Address (if di	fferent):	
E-Mail: mbduffy@city.waltham.ma.us		Contract Manager: S	Stacey O'Connell	
Phone: 781-314-3497	ax:	E-Mail: Stacey.O'Co	nnell@MassMail.state.r	ma.us
Contractor Vendor Code: V C 6 0 0 0 1 9 2 1 4 1		Phone:1-617-222-741	19	Fax: 1-617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD001.		MMARS Doc ID(s): F	Y18COAWaitha	m000000
Note: The Address Id Must be set up for <u>EFT</u> payment	s.)	RFR/Procurement or	Other ID Number: Grar	nt Award
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget) The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract. X Commonwealth Terms and Conditions 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 supplin the state accounting system by sufficient appropriations or or other non-appropriated funds, subject to intercept for Commonwealth nowed 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.) X Maximum Obligation Contract (PDD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments in identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 15 days		nendment:		
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 a identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2017. The municipality will complete a final fiscal			a grant award to the Councils on Aging of s may support Council on Aging activities as fe municipality will complete a final fiscal	
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:				
CONTRACT END DATE: Contract performance shall terminate as of <u>June 30th, 2018</u> with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			purpose of resolving any claim or dispute,	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (Incorporated by reference if not attached hereto) under the pains an penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doin business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms an Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: Authorizing SIGNATURE FOR THE COMMONWEALTH: X: Authorizing SIGNATURE FOR THE COMMONWEALTH: X: Authorizing SIGNATURE FOR THE COMMONWEALTH: X: Cignature and Date Must Be Handwritten At Time of Signature) Print Name: Print Title: Print Title: Print Title: Print Title: Print Title:				

(1) (Updated 1/4/2018) Page 1 2ry



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

CONTRACTOR LEGAL NAME: FOWN OF WARE		COMMONWEALTH I		Executive Office of Elder Affairs
Legal Address: (W-9, W-4,T&C): 26 MAIN ST WARE MA 01082-1360				Place Room 517, Boston, MA 02108
Contract Manager: John Zienowicz		<u>Billing Address (if d</u>	ifferent):	
E-Mail: izienowicz@townofware.com		Contract Manager:	Stacey O'Connell	
Phone: 413-967-9645 Fa	x;	E-Mail: Stacey.O'Co	onnell@MassMail.state	.ma.us
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 2 0		Phone:1-617-222-74	19	Fax: 1-617-727-9368
Vendor Code Address ID (e.g. "AD001"); AD001.		MMARS Doc ID(s):	FY18COAWare0	0000000
Note: The Address Id Must be set up for EFT payments	.)	RFR/Procurement o	r Other ID Number: Gr	ant Award
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one of Statewide Contract (OSD or an OSD-designated Department Collective Purchase (Attach OSD approval, scope, budgo Department Procurement (Includes State or Federal gran (Attach RFR and Response or other procurement support Emergency Contract (Attach justification for emergency, Contract Employee (Attach Employment Status Form, st. X. Legislative/Legal or Other: (Attach authorizing languation and budget) The following COMMONWEALTH TERMS AND CONTINUATION (Check ONE option): The Department in the state accounting system by sufficient appropriation Rate Contract (No Maximum Obligation. Attach details X. Maximum Obligation Contract Enter Total Maximum PROMPT PAYMENT DISCOUNTS (PPD): Commonwest Identify a PPD as follows: Payment issued within 10 day 30 days % PPD. If PPD percentages are left blank, idepayment (subsequent payments scheduled to support state)	nent) at) ats 815 CMR 2.00) ng documentation) scope, budget) ope, budget) age/justification, DITIONS (T&C) has been ex Commonwealth Terms and at certifies that payments for a s or other non-appropriated fi atils of all rates, units, calculation m Obligation for total duration s % PPD; Payment issued entify reason: X agree to ste	Enter Amendment A AMENDMENT TYPE Amendment to Scol Interim Contract (Att Contract Employee Legislative/Legal or and budget) ecuted, filed with CTR at d Conditions For Human a authorized performance acunds, subject to intercept to ons, conditions or terms a n of this Contract (or new ough EFT 45 days from it d within 15 days % PP andard 45 day cycle state	act End Date <u>Prior</u> to A mount: \$	nly. Attach details of Amendment changes.) pdated scope and budget) rim Contract and updated scope/budget) scope or budget) ing language/justification and updated scope reference into this Contract. with the terms of this Contract will be supported d debts under 815 CMR 9.00. or terms are being amended.) amended). \$20.038.73 etors requesting accelerated payments must hin 20 days % PPD; Payment issued within
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds support Council on Aging activities identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2016 6/30/20 The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.			The may support Council on Aging activities as The municipality will complete a final fiscal	
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:			ndment, that Contract obligations: <u>e Date.</u> to the <u>Effective Date.</u> ligations incurred prior to the <u>Effective</u> mstances of all obligations under this sims related to these obligations.	
CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.				
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains are penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doin business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms are Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: Print Name: Print Title: Print Title: Print Title: Print Title: Print Title: Print Title:				

(Updated 1/4/2018) Page 1

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

www.mass.gov/osc.under Guidance For Vendors - Forms_or www.mass.gov/o	osd_under OSD Forms.		
CONTRACTOR LEGAL NAME: TOWN OF WAREHAM	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
<u>Legal Address</u> : (W-9, W-4,T&C): 54 MARION RD WAREHAM MA 02571-1428	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108		
Contract Manager: Missy Dziczek	Billing Address (if different):		
E-Mail: mdziczek@wareham.ma.us	Contract Manager: Stacey O'Connell		
Phone: 508-291-3130 Fax:	E-Mail: Stacey.0'Connell@MassMail.state.ma.us		
Contractor Vendor Code: VC6000192021	Phone:1-617-222-7419 Fax: 1-617-727-9368		
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COAWareham000000		
Note: The Address id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award		
COMPENSATION: (Check ONE option): The Department certifies that payments for aut in the state accounting system by sufficient appropriations or other non-appropriated function. 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	Enter Current Contract End Date Prior to Amendment:		
identify a PPD as follows: Payment issued within 10 days. % PPD; Payment issued within 15 days. % PPD; Payment issued within 20 days. % PPD; Payment issued within 30 days. % PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.) BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Further has 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 4/30/2015. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.			
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contr			
1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date			
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 will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process cutting in each standard Contractor. AUTHORIZING SIGNAPURE FOR THE CONTRACTOR: X: Date: 19 July Cignature and Date Must Be Handwritten At Time of Signature) Print Name: Print Title: P			

(Updated 1/4/2018) Page 1



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

www.mass.gov/osc ander G	uldurioo i oi vorisoro i zilinii e zilinii e	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs
CONTRACTOR LEGAL NAME: TOWN OF WARREN		MMARS Department Code: ELD
Legal Address: (W-9, W-4,T&C):		Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
PO BOX 609 WARREN MA 01083-0609 Contract Manager: Sharon Meli		Billing Address (if different):
		Contract Manager: Stacey O'Connell
E-Mail: meli@warren-ma.gov	Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us
Phone: 413-436-5662 Contractor Vendor Code: V C 6 0 0 0		Phone:1-617-222-7419 Fax: 1-617-727-9368
Vendor Code Address iD (e.g. "AD00		MMARS Doc ID(s): FY 18 C O A Warren 0 0 0 0 0 0 0
Note: The Address Id Must be set up	for EFT payments.)	RFR/Procurement or Other ID Number: Grant Award
		CONTRACT AMENDMENT
X NEW CONTRACT PROCUREMENT OR EXCEPTION T	YPE: (Check one option only)	Enter Current Contract End Date Prior to Amendment:, 20
Statewide Contract (OSD or an OSD	-designated Department)	Enter Amendment Amount: \$ (or "no change")
Collective Durchase (Attach OSD at	proval, scope, budget)	AMENDMENT TYPE: (Check one option only, Attach details of Amendment changes.)
Department Procurement (includes S	State or Federal grants 815 CMR 2.00) rocurement supporting documentation)	Amendment to Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Emorgancy Contract (Attach justifica	ation for emergency, scope, budget)	Interim Contract (Attach justification for interim Contract and updated cooperagely
Contract Employee (Attach Employe	tent 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: (Atta		and hydraet)
The following COMMONWEALTH	TERMS AND CONDITIONS (T&C) has been exc	cuted, filed with CTR and is incorporated by reference into this Contract.
x Commonwealth Terms and Cond	#IONSCOMMICINA EXIGN 1 EMISSION	00/12/20/10 - 0.7/20/20/20
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. In the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) X Maximum Obligation Contract. Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$8,808.00 PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issu		
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ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract, and Contractor, and C		
Contract are attached and incorporate CONTRACT END DATE: Contract amended, provided that the terms of for completing any negotiated terms	ed into this Contract. Acceptance of paymens to performance shall terminate as of <u>June 30th, 2</u> of this Contract and performance expectations at and warranties, to allow any close out or transit	018 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
CERTIFICATIONS: Notwithstandir Amendment has been executed by approvals. The Contractor makes penalties of perjury, agrees to prov business in Massachusetts are atte Conditions, this Standard Contract	an authorized signatory of the Contractor, the Call certifications required under the attached Calded any required documentation upon request to the ched or incorporated by reference herein according the Instructions and Contractor ovided that additional negotiated terms will take particularly incorporated herein, provided that any amendation in the Contractor in the Contractor. Date: 1 1 18. Authorized signatory of the Contractor, the Contractor ovided that any amendation in the Contractor ovided that any amendation in the Contractor ovided that any amendation in the Contractor ovided that any amendation is the Contractor ovided that any am	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 inded RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: Date: Date: Response terms result in Date: Print Name: Print Name: Print Title:
111111111111111111111111111111111111111		<u> </u>

(Updated 1/4/2018) Page 1

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

CONTRACTOR LEGAL NAME:			COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs		
TOWN OF WARWICK		MMARS Department Code: ELD			
Legal Address: (W-9, W-4,T&C): 12 ATHOL RD WARWICK MA 01364-9631		Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108			
Contract Manager: Carol Foote		Billing Address (if d	ifferent):		
E-Mail: coordinator@town.warwick.ma.us		Contract Manager:	Stacey O'Connell		
<u>Phone</u> : 978-544-6406	Fax:	E-Mail: Stacey.O'Co	onnell@MassMail.state.ı	ma.us	
Contractor Vendor Code: VC6000192023		Phone:1-617-222-74	19	Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.		MMARS Doc ID(s):	FY18COAWarwid	:k000000	
Note: The Address ld Must be set up for <u>EFT</u> payme	nts.)	RFR/Procurement of	r Other ID Number: Gra	nt Award	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check on Statewide Contract (OSD or an OSD-designated Dep Collective Purchase (Attach OSD approval, scope, but Department Procurement (Includes State or Federal (Attach RFR and Response or other procurement supp Emergency Contract (Attach justification for emerger Contract Employee (Attach Employment Status Form X Legislative/Legal or Other; (Attach authorizing lascope and budget The following COMMONWEALTH TERMS AND COX Commonwealth Terms and Conditions COMPENSATION: (Check ONE option): The Depart in the state accounting system by sufficient appropria Rate Contract (No Maximum Obligation. Attach of X Maximum Obligation Contract Enter Total Maximum PROMPT PAYMENT DISCOUNTS (PPD): Commonidentify a PPD as follows: Payment issued within 10	artment) idget) grants 815 CMR 2.00) porting documentation) porting documentation) porting documentation) porting documentation, porting documentation, proceedings of the commonwealth Terms and ment certifies that payments for a tions or other non-appropriated ficulation mum Obligation for total duration wealth payments are issued thro days % PPD; Payment issued	Enter Amendment A AMENDMENT TYPE Amendment to Scot Interim Contract (Att Contract Employee Legislative/Legal or and budget) cuted, filed with CTR at Conditions For Human a uthorized performance ac inds, subject to intercept f ons, conditions or terms at of this Contract (or new 1 ugh EFT 45 days from it within 15 days % PP	act End Date <u>Prior</u> to Arr mount: \$	ly. Attach details of Amendment changes.) dated scope and budget) m Contract and updated scope/budget) cope or budget) ng language/justification and updated scope eference into this Contract. th the terms of this Contract will be supported debts under 815 CMR 9.00. or terms are being amended.) amended). \$5,000.00 ors requesting accelerated payments must in 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. Fundament support Council on Aging activities identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2016 76/30/2016. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance. ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:			a grant award to the Councils on Aging of May support Council on Aging activities as an emunicipality will complete a final fiscal par performance. Iment, that Contract obligations: Date.		
2. may be incurred as of, 20 _, a date LATER than the <u>Effective Date</u> below and <u>no</u> obligations have been incurred <u>prior</u> to the <u>Effective Date</u> . X 3. were incurred as of			gations incurred prior to the <u>Effective</u> stances of all obligations under this ns 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 disput 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.			nis date unless the Contract is properly purpose of resolving any claim or dispute,		
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contractor Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any rapprovals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the paperalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contractor in the RFR and the Contractor in the RFR		t Date specified above, subject to any required if not attached hereto) under the pains and eming performance of this Contract and doing noe, the applicable Commonwealth Terms and other solicitation, the Contractor's Response, the Contractor's Response only if made using ower costs, or a more cost effective Contract. COMMONWEALTH: Date: At Time of Signature)			

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

TOWN OF WASHINGTON	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4,T&C):	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108		
8 SUMMIT HILL RD WASHINGTON MA 01223-9627	Dustitess maining Auditess. 1 Astroduction Place Room STT, Doston, MA 02100		
Contract Manager: Stephen Deloye	Billing Address (if different):		
E-Mall: washingtoncoa@gmail.com	Contract Manager: Stacey O'Connell		
<u>Phone</u> : 413-623-8878	E-Mail: Stacey.O'Connell@MassMail.state.ma.us		
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 2 5	<u>Phone</u> :1-617-222-7419		
Vendor Code Address iD (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY 18 C O A Washington 0 0 0		
Note: The Address Id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award		
<u>X NEW CONTRACT</u>	CONTRACT AMENDMENT		
PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20		
Statewide Contract (OSD or an OSD-designated Department)	Enter Amendment Amount: \$, (or "no change")		
Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (Includes State or Federal grants 815 CMR 2.00)	AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)		
(Attach RFR and Response or other procurement supporting documentation)	Amendment to Scope or Budget (Attach updated scope and budget)		
Emergency Contract (Attach justification for emergency, scope, budget)	Interim Contract (Attach justification for Interim Contract and updated scope/budget)		
Contract Employee (Attach Employment Status Form, scope, budget) X Legislative/Legal or Other: (Attach authorizing language/justification,	Contract Employee (Attach any updates to scope or budget) Legislative/Legal or Other: (Attach authorizing language/justification and updated scope		
scope and budget	and budget)		
The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been exec X Commonwealth Terms and ConditionsCommonwealth Terms and ConditionsCommonwealth Terms and Conditions	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 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). \$2,703.57 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 (Ci.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			
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identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued w 30 days % PPD. If PPD percentages are left blank, identify reason: X agree to stan payment (subsequent payments scheduled to support standard EFT 45 day payment cycl BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMI the municipalities of the Commonwealth. The award amount is determined by a census-tidentified in the annually published COA Formula Grant Guide. The activity performance report accounting for how these grant funds were applied. Ongoing eligibility for formula of an Indian payment and Context and the Effective Date: (Complete ONE option only) The Department and Context and Indian payment are accounted as of the Effective Date (latest signature date below) and no obliging an encurred as of 1, 2017, a date PRIOR to the Effective Date below. Date are authorized to be made either as settlement payments or as authorized reimburst Contract are attached and incorporated into this Contract. Acceptance of payments forew CONTRACT END DATE: Contract performance shall terminate as of 1, 2017, 2	within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within dard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial le. See Prompt Pay Discounts Policy.) ENT: This contract is to locally distribute a formula grant award to the Councils on Aging of pased allocation of available grant funding. Funding hay support Council on Aging activities as period for this award is 7/1/2016/ 6/30/20 % The municipality will complete a final fiscal grant funding is contingent on satisfactory prior year performance. Tractor certify for this Contract, or Contract Amendment, that Contract obligations: pations have been incurred prior to the Effective Date. W and no obligations have been incurred prior to the Effective Date. and the parties agree that payments for any obligations incurred prior to the Effective ement payments, and that the details and circumstances of all obligations under this er releases the Commonwealth from further claims related to these obligations. With no new obligations being incurred after this date unless the Contract is properly obligations shall survive its termination for the purpose of resolving any claim or dispute,		

(Updated 1/4/2018) Page 1

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 wold. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional letms as part of this Contract without prior Department approval. Circle 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 <u>Guldance For Vendors - Forms</u> or www.mass.go	v/osd_under OSD Forms.	
CONTRACTOR LEGAL NAME: TOWN OF WATERTOWN	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4,T&C): 149 MAIN ST WATERTOWN MA 02472-4423	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Anne-Marie Gagnon, MSW	Billing Address (if different):	
E-Mail: agagnon@watertown-ma.gov	Contract Manager: Stacey O'Connell	
<u>Phone</u> : 617-972-6490 Fax:	E-Mail: Stacey.O'Conneli@MassMail.state.ma.us	
Contractor Vendor Code: V C 6000192026	Phone:1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc iD(s): FY 18 CO A Water town 0000	
Note: The Address Id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes State or Federal grants \$15 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) X Legistative/Legal or Other: (Attach authorizing language/justification, scope and budget) The following COMMONVEALTH TERMS AND CONDITIONS (T&C) has been executed, filled with CTR and is incorporated by reference into this Contract. X Commonwealth Terms and Conditions COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth or the large amended.) X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$53,728.45 PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through ET 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 15 days % PPD; Payment iss		
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 cansus-based ellocation of available grant funding. Funds prey 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 Date2. may be incurred as of		
<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	
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 will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: Date: X: Cignature and Date Must Be Handwritten At Time of Signature) Print Name: Print Title: Print Title: Print Title:		

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3/10

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

www.mass.gov/osc under Guldance For Vendors - Forms_or www.mass.gov/o	osd under OSD Forms.	
CONTRACTOR LEGAL NAME: FOWN OF WAYLAND	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4,T&C): 41 COCHITUATE RD WAYLAND MA 01778-2614	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Julie Secord	Billing Address (if different):	
E-Mall: jsecord@wayland.ma.us	Contract Manager: Stacey O'Connell	
Phone: 508-358-2990 Fax:	E-Mail: Stacey.O'Conneil@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 2 7	Phone:1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COAWayland000000	
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 LegislativefLegal 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.	
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). \$29,595,00 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 EF1 45 day payment cycle, see Picinip Pay Discounts Policy) BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally disturbute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 71/1/2016 6/30/2016 (The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance. ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: 1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date. 2. may be incurred as of, 20, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date. 3. were incurred as of, 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 under this		
Date are authorized to be made either as settlement payments or as authorized remindesternit payments, and at the contract of the settlement payments or as authorized remindesternit payments. Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations. CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.		
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains a approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains a approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains a approvals. The Contractor developed the pains are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms is unusiness in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms is unusiness in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and additional negotiated terms, provided the according to the following hierarchy of document precedence, the applicable Commonwealth Terms and additional negotiated terms, provided thems will take precedence over the relevant terms in the RFR and the Contractor's Response only if made us the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contractor (Signature and Date Must Be Handwritten At Time of Signature) Print Name: Print Name: Print Title: Print Title: Print Title: Print Title: Print Title:		

(Updated 1/4/2018) Page 1

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

CONTRACTOR LEGAL NAME: TOWN OF WEBSTER		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
<u>Legal Address:</u> (W-9, W-4,T&C): 350 MAIN ST WEBSTER MA 01570-2292		Business Mailing	Business Malling Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Jean M. Travis		Billing Address (i	f different):	
E-Mail: jtravis@webster-ma.gov		Contract Manager	r: Stacey O'Connell	
Phone: 508-949-3845	Fax:	E-Mail: Stacey.O'	Connell@MassMail.state.	ma.us
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 2 8		Phone:1-617-222-	7419	Fax: 1-617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD001.		MMARS Doc ID(s)	<u>):</u> FY18COAWebste	er000000
Note: The Address Id Must be set up for \underline{EFT} payme	nts.)	RFR/Procurement	t or Other ID Number: Gra	nt Award
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been exec X Commonwealth Terms and ConditionsCommonwealth Terms and Conditions		Enter Amendment AMENDMENT TYI Amendment to So Interim Contract (i Contract Employe Legislative/Legal and budget) cuted, filed with CTR Conditions For Human	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)	
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). \$22,592.19 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 statutoryllegal or Ready Payments (G.L. c. 29, § 23A); only initial			debts under 815 CMR 9.00. or terms are being amended.) amended). \$22,592.19 ors requesting accelerated payments must n 20 days % PPD; Payment issued within	
payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy .) BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formular grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Further may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2016/- 6/30/2016. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance. ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:			ergrant award to the Councils on Aging of final support Council on Aging activities as the municipality will complete a final fiscal par performance.	
			o the Effective Date. pations incurred prior to the Effective stances of all obligations under this ns related to these obligations. is date unless the Contract is properly	
amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.				
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response and additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X:				

(Updated 1/4/2018) Page 1

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 QSD Forms.

CONTRACTOR LEGAL NAME: TOWN OF WELLESLEY	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4,T&C): PO BOX 812025 WELLESLEY MA 02482-0012	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Gayle Thieme	Billing Address (if different):	
E-Maii: gthieme@wellesleyma.gov	Contract Manager: Stacey O'Connell	
Phone: 781-263-1529 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 2 9	Phone:1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COAWellesley0000	
Note: The Address Id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase. (Attach OSD approval, scope, budget) Department Procurement (Includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) X. Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget) The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filled with CTR and is incorporated by reference into this Contract. X. Commonwealth Terms and Conditions Commonwealth Terms and Conditions or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. Rate Contract (No Maximum Obligation 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 issued within 15 days PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued within 15 days Remedment Amount: \$		
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 7 6/30/2016. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance. ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:		
1. may be incurred as of the <u>Effective Date</u> (latest signature date below) and <u>no</u> obligations have been incurred <u>prior</u> to the <u>Effective Date</u> . 2. may be incurred as of, 20, a date LATER than the <u>Effective Date</u> below and <u>no</u> obligations have been incurred <u>prior</u> to the <u>Effective Date</u> .		
CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.		
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X:		

(Updated 1/4/2018) Page 1

2. 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 agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/osd under OSD Forms.

www.mass.gov/osc_under_Guidance For Vendors - Forms_or www.mass.gov	<u>/osa unaer OSD Familis.</u>	
CONTRACTOR LEGAL NAME:	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
FOWN OF WELLFLEET	MMARS Department Code: ELD	
Legal Address: (W-9, W-4,T&C): 300 MAIN ST WELLFLEET MA 02667-7471	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager; Suzanne Thomas	Billing Address (if different):	
E-Mail: suzanne.thomas@wellfleet-ma.gov	Contract Manager: Stacey O'Connell	
Phone: 508-349-0313 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 3 0	Phone:1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"); AD001.	MMARS Doc iD(s): FY18COAWelifleet0000	
Note: The Address Id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award	
X NEW CONTRACT	CONTRACT AMENDMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20	
Statewide Contract (OSD or an OSD-designated Department)	Enter Amendment Amount: \$, (or "no change")	
Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes State or Federal grants 815 CMR 2.00)	AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)	
(Attach RFR and Response or other procurement supporting documentation)	Amendment to Scope or Budget (Attach updated scope and budget)	
Emergency Contract_(Attach justification for emergency, scope, budget)	Interim Contract (Attach justification for Interim Contract and updated scope/budget)	
Contract Employee (Attach Employment Status Form, scope, budget) X Legislative/Legal or Other: (Attach authorizing language/justification,	Contract Employee (Attach any updates to scope or budget) Legislative/Legal or Other: (Attach authorizing language/justification and updated scope	
scope and budget	and budget)	
The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been ex	ecuted, filed with CTR and is incorporated by reference into this Contract. d Conditions For Human and Social Services.	
<u>COMPENSATION</u> : (Check ONE option): The Department certifies that payments for in the state accounting system by sufficient appropriations or other non-appropriated f	authorized performance accepted in accordance with the terms of this Contract will be supported	
Data Contract (No Maximum Obligation - Attach details of all rates, units, calculati	ons, conditions or terms and any changes it rates or terms are being amended.)	
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration	of this Contract (or new Total if Contract is being amended). \$10,030.00	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued thr	ough EFT 45 days from invoice receipt. Contractors requesting accelerated payments must	
identifica DDD as follows: Dayment issued within 10 days: % PPD: Payment issue	d within 15 days % PPU: Payment issued within 20 days 76 FFD, Fayment issued within	
30 days % PPD. If PPD percentages are left blank, identity reason: <u>X</u> agree to st payment (subsequent payments scheduled to support standard EFT 45 day payment or support standard EFT 45.	andard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial ycle. See Promot Pay Discounts Policy.)	
PRIES DESCRIPTION OF CONTRACT PERFORMANCE OF REASON FOR AMEND	MENT: 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 censu	s-based allocation of available grant funding. Funds may support Council on Aging activities as	
Lidentified in the annually published COA Formula Grant Guide. The activity performan	ce period for this award is //3/2017 - 6/30/2018. The municipality will complete a linal liscal	
report accounting for how these grant funds were applied. Ongoing eligibility for formul ANTICIPATED START DATE: (Complete ONE option only) The Department and Co	a grant funding is contingent on satisfactory prior year performance.	
1. may be incurred as of the Effective Date (latest signature date below) and no o	oligations have been incurred prior to the Effective Date.	
2. may be incurred as of, 20, a date LATER than the <u>Effective Date</u> below	w, and the parties agree that payments for any obligations incurred pilot to the <u>Effective</u>	
Doto are authorized to be made either as settlement navments or as authorized reimbi	irsement dayments, and that the details and circuitistatices of all obligations under this	
Contract are attached and incomprated into this Contract. Acceptance of payments to	rever releases the Commonwealth from further claims related to triese obligations.	
CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute,		
for completing any negotiated terms and warranties, to allow any close out or transit	ion 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	
energials. The Contractor makes all configurations required under the attached Co	epartment, or a later Contract or Amendment Start Date specified above, subject to any required patractor. 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 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		
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 pagetisted terms provided that additional approfiated terms will take r	recedence over the relevant terms in the KFK and the Contractor's Response Unity in made using	
the process outlined in 801 CMR 21.07, incorporated herein, provided that any ame	nded RFR or Response terms result in best value, lower costs, or a more cost effective contract.	
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	a i かかへいさいへ たいたい A TELETE COD TUE COMMACASSACAS TU:	
x: Danil Q, 1 toort . Date: 2-2-18	X: COM Date: 2-26-18 X: Composition At Time of Signature)	
(Signature and Date Must Be Handwritten At Time of Signature)	(Signature and light willst be handwritten at time of olympion)	
Print Name: Daniel A. Hoors	Print Name:	
PrintTitle: Town Administrator.	Print Vitle: 164 105 CFD	

(Updated 1/4/2018) Page 1

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

www.mass.gov/osc under Guidance For Vendors - Forms_or www.mass.gov/o	sd under OSD Forms.	
CONTRACTOR LEGAL NAME:	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
TOWN OF WENHAM	MMARS Department Code: ELD	
<u>Legal Address:</u> (W-9, W-4,T&C): 138 MAIN ST WENHAM MA 01984-1555	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: James Reynolds	Billing Address (if different):	
E-Mail: jreynolds@wenhamma.gov	Contract Manager: Stacey O'Connell	
Phone: 978-468-5529 Fax:	E-Mail: Stacey.O'Connell@MassMall.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 3 3	Phone:1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COAWenham000000	
Note: The Address Id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) X Legislative/Legal or Other: (Attach authorizing language/justification,	CONTRACT AMENDMENT Enter Current Contract End Date Prior to Amendment:, 20 Enter Amendment Amount: \$	
scope and budget The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed the following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed the following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed the following conditions and the following conditions are conditions as the following conditions are conditions and the following conditions are conditions as the following conditions are conditions as the following conditions are conditions as the following conditions are conditions are conditions are conditions are conditions as the following conditions are conditions are conditions are conditions as the following conditions are conditions are conditions are conditions are conditions are conditions are conditionally conditions.	and budget)	
The following COMMONWEALTH TERMS AND CONDITIONS (1&C) has been exec X Commonwealth Terms and Conditions Commonwealth Terms and C	Conditions For Human and Social Services.	
COMPENSATION: (Check ONE option). The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$8.361.00		
identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.) 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 anocation of available grant diriting. Fur by may support octinated to report accounting in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2016. 6/30/2016. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.		
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:		
CONTRACT END DATE: Contract performance shall terminate as of <u>June 30th, 2018</u> with no new obligations being incurred after this date triles are unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.		
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X:		

(Updated 1/4/2018) Page 1

3/10

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www.mass.goviosc united Guidance For Vend	0.0 1 0.1.10 0. 1444)(1.1443)	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
CONTRACTOR LEGAL NAME: TOWN OF WEST BOYLSTON		MMARS Department Code: ELD	
i enal Address: (W-9, W-4,T&C):		Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
127 HARTWELL STREET WEST BOYLSTON MA 01583 Contract Manager: Lisa Clark Viklund	2407	Billing Address (if different):	
E-Mail: LCViklund@westboylston-ma.gov		Contract Manager: Stacey O'Connell	
	ax:	E-Mail: Stacey.O'Conneli@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 3 4		Phone:1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.		MMARS Doc ID(s): FY18COAWestBoylston0	
Note: The Address Id Must be set up for <u>EFT</u> payment	s.)	RFR/Procurement or Other ID Number: Grant Award	
		CONTRACT AMENDMENT	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only)		Enter Current Contract End Date <u>Prior</u> to Amendment:, 20	
Statewide Contract (OSD or an OSD-designated Department)		Enter Amendment Amount: \$. (or "no change")	
Collective Purchase (Attach OSD approval, scope, bud	get)	AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)	
<u>Department Procurement</u> (includes State or Federal gr (Attach RFR and Response or other procurement support	ants o 15 GWR 2.00)	Amendment to Scope or Budget (Attach updated scope and budget)	
Emergency Contract (Attach justification for emergence	y, 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 lan scope and budget		and hydnet)	
The following COMMONWEALTH TERMS AND COL X Commonwealth Terms and Conditions	VDITIONS (T&C) has been exe Commonwealth Terms and	ecuted, filed with CTR and is incorporated by reference into this Contract. Conditions For Human and Social Services.	
Rate Contract. (No Maximum Obligation. Atland details of all rates, hins, bacturation of this Contract (or new Total if Contract is being amended). \$18,382.00 Naximum Obligation Contract.			
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ANTEROTOR LEGAL MARIE.		COMMONWEALTH DEF	PARTMENT NAME: E	Executive Office of Elder Affairs
CONTRACTOR LEGAL NAME: OWN OF WEST BRIDGEWATER		MMARS Department Co		
Legal Address: (W-9, W-4,T&C):		***************************************		lace Room 517, Boston, MA 02108
5 N MAIN ST WEST BRIDGEWATER MA 02379-1799		Billing Address (if differ	rent):	
Contract Manager: Marilyn Mather		Contract Manager: Sta		
E-Mail: mmather@wbridgewater.com	Fax:	E-Mail: Stacey.O'Conne	, ·······	na.us
1101101 000 001 1212	. 401	Phone:1-617-222-7419		Fax: 1-617-727-9368
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 3 5		MMARS Doc ID(s): FY		idgewat
<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> paymen	nts.)	RFR/Procurement or Of		
		Na rea rocurement or O		AMENDMENT
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only)		Enter Current Contract		nendment:, 20
PROCUREMENT OR EXCEPTION 17PE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department)		Enter Amendment Amo	ount: \$ (c	or "no change")
Collective Purchase (Attach OSD approval, scope, bu	dget)	AMENDMENT TYPE: (C	Check one option onl	ly. Attach details of Amendment changes.)
Department Procurement (includes State or Federal or	rants 815 CMR 2.00)	Amendment to Scope of	or Budget (Attach upo	dated scope and budget)
(Attach RER and Response or other procurement suppl	orting documentation)	Interim Contract (Attach	h justification for Interir	m Contract and updated scope/budget)
Emergency Contract (Attach justification for emergen Contract Employee (Attach Employment Status Form,	scope, budget)	Contract Employee (Atl	ttach any undates to so	cope or budget)
X Legislative/Legal or Other: (Attach authorizing la	nguage/justification,	Legislative/Legal or Oti	ther: (Attach authorizin	ng language/justification and updated scope
and history		and budget)	le incompreted by	aforence into this Contract
The following COMMONWEALTH TERMS AND CC	NDITIONS (T&C) has been exe Commonwealth Terms and	cuted, filed with CTR and Conditions For Human and	i is incorporated by N I Social Services.	eletelles was time seumass
X Commonwealth Terms and Conditions				th the forms of this Contract will be accounted
COMPENSATION: (Check ONE option): The Departr in the state accounting system by sufficient appropriat Rate Contract (No Maximum Obligation. Attach de	tions or other non-appropriated to	one conditions or terms and	any changes if rates o	or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum	mum Obligation for total duration	Of fulls Countract (or usw 100	Ital II Collinant is being a	amonacaj. Violo io i v
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 15 days % PPD; Payment issue			ors requesting accelerated payments must in 20 days % PPD: Payment issued within	
payment (subsequent payments scheduled to support	Standard EFT 45 day payment cy	EENT: This contract is to loc	cally distribute a formul	ila grant award to the Councils on Aging of
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report accounting for how these grant runds were applied ANTICIPATED START DATE: (Complete ONE option	on only) The Denartment and Co	ntractor certify for this Contra	act, or Contract Amend	dment, that Contract obligations:
1, may be incurred as of the Effective Date (latest	signature date heloud and no ob	ligations have been incurred	d prior to the Effective	Date.
	ATED then the Effective Date had	tour and no obligations have	e heen incurred onor t	O the Ellective Date.
Date are authorized to be made either as settlement payments or as authorized terminated by the contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations. CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 with no new obligations being incurred after this date unless the Contract is properly contract END DATE: Contract performance shall terminate as of June 30th, 2018 with no new obligations being incurred after this date unless the Contract is properly contract END DATE: Contract performance shall terminate as of June 30th, 2018 with no new obligations being incurred after this date unless the Contract is properly contract END DATE: Contract performance shall terminate as of June 30th, 2018 with no new obligations being incurred after this date unless the Contract is properly contract END DATE: Contract performance shall terminate as of June 30th, 2018 with no new obligations being incurred after this date unless the Contract is properly contract END DATE: Contract performance shall terminate as of June 30th, 2018 with no new obligations being incurred after this date unless the Contract is properly contract.				
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amended, provided that the terms of this Contract a for completing any negotiated terms and warranties,	to allow any close out or transiti	on performance, reporting, i	invoicing or final payn	nents, or during any lapse between
amandmente				
	representations by the parties, t	he "Effective Date" of this	Contract or Amendme	ent shall be the latest date that this Contract or
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment 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				
approvals. The Contractor makes all certifications required under the attached Contractor Certifications (including and approvals that all terms governing performance of this Contract and doing				
penaltiles of perjury, agrees to provide any required documentation upon request to support compilative, and agrees to provide any required documentation upon request to support compilative, and agrees that the text that the text to the support compilative, and the support com				
the process outlined in 801 CMR 21.07, incorporate	d herein, provided that any amer	1060 KLK of Kezhouze feur	ns result in best value, GNATURE FOR THE (lotter deput of a more and a marine
AUTHORIZING SIGNATURE FOR THE CONTRAC	IUK:	AUTHURIZING SIC	A A A	$\sim 1-1$
x: \	. Date: 11118.	x: 1 -e/W/	XX TAX	pate:
(Signature and Date Must Be Handwritten At Tim	e of Signature) `	/ 1/	e Must Be Handwritte	en At Time of Signature)
Print Name: DAVO GRESS	·	Print Name:	MAY	7-13-V17
Print Title: The Policy Policy Print Title:	Mr.	Print Title:		
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WWW.IIIass.goviosc under Guidance For Vendors - Forms of www.maass.govic		
CONTRACTOR LEGAL NAME: TOWN OF WEST BROOKFIELD	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4,T&C): PO BOX 207-	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Linda MacCoy	Billing Address (if different):	
E-Mail: imaccoy@wbrookfield.com	Contract Manager: Stacey O'Conneil	
Phone: 508-867-1407 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 3 6	Phone:1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY 18 COAWest Brookfiel	
Note: The Address ld Must be set up for EFT payments.)	RFR/Procurement or Other ID Number: Grant Award	
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(Updated //4/2018) Page 1



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	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
<u>Legal Address: (W-9, W-4,T&C):</u> 381 MAIN ST WEST NEWBURY MA 01985-1450	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Theresa Woodbury	Billing Address (if different):	
E-Mail: coa@wnewbury.org	Contract Manager: Stacey O'Connell	
Phone: 978-363-1104 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 3 7	Phone:1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COAWestNewbury00	
Note: The Address id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award	
XNEWCONTRACT	CONTRACT AMENDMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20	
Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget)	Enter Amendment Amount: \$ (or "no change")	
Department Procurement (Includes State or Federal grants 815 CMR 2.00)	AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)	
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Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget)	interim Contract (Attach justification for Interim Contract and updated scope/budget) Contract Employee (Attach any updates to scope or budget)	
X Legislative/Legal or Other: (Attach authorizing language/justification,	Legislative/Legal or Other: (Attach authorizing language/justification and updated scope	
scope and budget	and budget)	
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ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:		
1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date.		
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2. may be incurred as of	r and <u>no</u> obligations have been incurred <u>prior</u> to the <u>Effective Date</u> . Ind the parties agree that payments for any obligations incurred prior to the <u>Effective</u> ment payments, and that the details and circumstances of all obligations under this	
2. may be incurred as of	and no obligations have been incurred prior to the Effective Date. Ind the parties agree that payments for any obligations incurred prior to the Effective ment payments, and that the details and circumstances of all obligations under this releases the Commonwealth from further claims related to these obligations. With no new obligations being incurred after this date unless the Contract is properly obligations shall survive its termination for the purpose of resolving any claim or dispute,	

(Updated 1(4/2018) Page 1

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CONTRACTOR LEGAL NAME: Town of West Springfield		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
		MMARS Department Code: ELD	
<u>Legal Address:</u> (W-9, W-4,T&C): 26 CENTRAL ST WEST SPRINGFIELD MA 01089-2753		Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Sarah Long		<u>Billing Address (if different):</u>	
E-Mail: slong@townofwestspringfield.org		Contract Manager: Stacey O'Connell	
Phone: 413-781-2214	Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 3 8		Phone:1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"); AD001.		MMARS Doc (D(s): FY18COAWestSpringfie	
Note: The Address Id Must be set up for <u>EFT</u> payme	ats.)	RFR/Procurement or Other ID Number: Grant Award	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only)		CONTRACT AMENDMENT Enter Current Contract End Date <i>Prior</i> to Amendment: , 20 .	
Statewide Contract (OSD or an OSD-designated Department)		Enter Amendment Amount: \$ (or "no change")	
Collective Purchase (Attach OSD approval, scope, bu		AMENDMENT TYPE: (Check one option only. Attach details of Amendment change	s.)
Department Procurement (includes State or Federal (Attach RFR and Response or other procurement supp		Amendment to Scope or Budget (Attach updated scope and budget)	
Emergency Contract (Attach justification for emergen	icy, scope, budget)	Interim Contract (Attach justification for Interim Contract and updated scope/budget)	
Contract Employee (Attach Employment Status Form, scope, budget) X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget		Contract Employee (Attach any updates to scope or budget) Legislative/Legal or Other: (Attach authorizing language/justification and updated scop and budget))e
		executed, filed with CTR and is incorporated by reference into this Confract. and Conditions For Human and Social Services.	
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) X Maximum Obligation Contract. Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$57,919.00 PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelered payments mulidentify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Fayment issued within 15 days controlled by PPD; Payment issued within 20 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Fayment issued within 15 days controlled by PPD; Payment issued within 20 days % PPD; Payme			
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMEN the municipalities of the Commonwealth. The award amount is determined by a census-ba		NDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of sus-based allocation of available grant funding. Funds may support Council un Aging activities as ance period for this award is 7/1/2017 – 6/30/2018. The municipality will complete a final fiscal substantial grant funding is contingent on satisfactory prior year performance.	s
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:		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 <u>no</u> obligations 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 <u>no</u> obligations have been incurred <u>prior</u> to the Effective Date. X 3. were incurred as of, 210, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to be Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.			
CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest dr. te that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto, under the pains an penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doi business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms as 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 outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: Date:		red and sing and se, sing	

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CONTRACTOR LEGAL NAME: COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs OWN OF WEST TISBURY MMARS Department Code: ELD Legal Address: (W-9, W-4,T&C): Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108 O BOX 278 WEST TISBURY MA 02575-0278 Contract Manager: Joyce Albertine Billing Address (if different): E-Mail: coa-director@westtisbury-ma.gov Contract Manager: Stacey O'Connell Phone: 508-693-2896 Fax: E-Mail: Stacey.O'Connell@MassMail.state.ma.us Contractor Vendor Code: VC6000192040 Phone:1-617-222-7419 Fax: 1-617-727-9368 Vendor Code Address ID (e.g. "AD001"): AD001. MMARS Doc 10(s): FY18COAWestTisbury00 Note: The Address Id Must be set up for EFT payments.) RFR/Procurement or Other ID Number: Grant Award X NEW CONTRACT CONTRACT AMENDMENT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Enter Current Contract End Date Prior to Amendment: Statewide Contract (OSD or an OSD-designated Department) Enter Amendment Amount: \$____ _. (or "no change") Collective Purchase (Attach OSD approval, scope, budget) AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.) Department Procurement (includes State or Federal grants 815 CMR 2.00) Amendment to Scope or Budget (Attach updated scope and budget) (Attach RFR and Response or other procurement supporting documentation) Interim Contract (Attach justification for Interim Contract and updated scope/budget) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) Contract Employee (Attach any updates to scope or budget) X_Legislative/Legal or Other: (Attach authorizing language/justification, 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 executed, filed with CTR and is incorporated by reference into this Contract. X Commonwealth Terms and Conditions Commonwealth Terms and Conditions For Human and Social Services. COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended), \$6,489,00 PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.) BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funding support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2016 76/30/2017 The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance. ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: _1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date _, 20 , a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date, X 3. were incurred as of July 1st. 2017, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations. CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or 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. AVITHORIZING SIGNATURE FOR THE COMMONWEALTH: **AUTHORIZING SIGNATURE FOR THE CONTRACTOR:** (Signature and Date Must Be Handwritten At Time of Signature) (Signature and Date Must be Handwritten At Time of Signature) Print Name: Jennier Road Print Name: True Administrati Print Title:

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

COL FORMS.		
ONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs		
S Department Code: ELD		
ss Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108		
Address (if different):		
ct Manager: Stacey O'Connell		
Stacey.O'Connell@MassMail.state.ma.us		
1-617-222-7419 Fax: 1-617-727-9368		
S Doc ID(s): FY 18 CO A Westfleld 0 0 0 0		
ocurement or Other ID Number: Grant Award		
CONTRACT AMENDMENT		
urrent Contract End Date <i>Prior</i> to Amendment:, 20		
Enter Amendment Amount: \$, (or "no change")		
AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)		
ment to Scope or Budget (Attach updated scope and budget)		
Contract (Attach justification for Interim Contract and updated scope/budget)		
ct Employee (Attach any updates to scope or budget) tive/Legal or Other: (Attach authorizing language/justification and updated scope		
iget)		
d with CTR and is incorporated by reference into this Contract. For Human and Social Services.		
erformance accepted in accordance with the terms of this Contract will be supported to Intercept for Commonwealth owed debts under 815 CMR 9.00. ons or terms and any changes if rates or terms are being amended.) tract (or new Total if Contract is being amended). \$72.222.02		
5 days from invoice receipt. Contractors requesting accelerated payments must lays % PPD; Payment issued within 20 days % PPD; Payment issued within ay cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only in		
contract is to locally distribute a formula grant award to the Councils on Aging of cation of available grant funding. Funds final support Council on Aging activities as this award is 7/1/2016) – 6/30/2016. The municipality will complete a final fiscal ing is contingent on satisfactory prior year performance.		
ify for this Contract, or Contract Amendment, that Contract obligations:		
ve been incurred <u>prior</u> to the <u>Effective Date</u> .		
obligations have been incurred prior to the Effective Date.		
arties agree that payments for any obligations incurred prior to the <u>Effective</u>		
Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.		
CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.		
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X:		
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CONTRACTOR LEGAL NAME:	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
OWN OF WESTHAMPTON	MMARS Department Code: ELD	
<u>Legal Address</u> : (W-9, W-4,T&C): SOUTH RD WESTHAMPTON MA 01027-9661	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Julia Lennen	Billing Address (if different):	
E <u>-Mai</u> l: westhamptoncoa@comcast.net	Contract Manager: Stacey O'Connell	
<u>Phone</u> : 413-527-2404 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 4 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): FY18COAWesthampton00	
Note: The Address ld Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget)	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)	
<u>Contract Employee (Attach Employment Status Form,</u> scope, budget) <u>X Legislative/Legal or Other:</u> (Attach authorizing language/justification,	Contract Employee (Attach any updates to scope or budget) <u>Legislative/Legal or Other:</u> (Attach authorizing language/justification and updated scope	
scope and budget The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract. X. Commonwealth Terms and Conditions Commonwealth Terms and Conditions For Human and Social Services.		
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$4,789.29		
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)		
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Further may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2016—6/30/20 for 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:		
2. may be incurred as of the Effective Date (alest signature date Below) and no obligations have been incurred prior to the Effective Date. 2. may be incurred as of		
CONTRACT END DATE: Contract performance shall terminate as of <u>June 30th, 2018</u> with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.		
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process putlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X:		

(Updated 1/4/2018) Page 1

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CONTRACTOR LEGAL NAME: TOWN OF WESTMINSTER	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4, T&C): 20 P.O. Box 2/3	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Susan Fisher	Billing Address (If different):	
E-Mail: sfisher@westminster-ma.gov	Contract Manager: Stacey O'Connell	
Phone: 978-874-7402 Fax: 978-874-0791	E-Mail: Stacey.O'Conneil@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 4 8	<u>Phone</u> :1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COAWestminster00	
Note: The Address Id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award	
X NEW CONTRACT	CONTRACT AMENDMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20	
Statewide Contract (OSD or an OSD-designated Department)	Enter Amendment Amount: \$, (or "no change")	
Collective Purchase (Altach OSD approval, scope, budget) Department Procurement (includes State or Federal grants 815 CMR 2.00)	AMENDMENT TYPE: (Check one option only, Attach details of Amendment changes.)	
(Attach RFR and Response or other procurement supporting documentation)	Amendment to Scope or Budget (Attach updated scope and budget)	
Emergency Contract (Attach justification for emergency, scope, budget)	Interim Contract (Attach justification for Interim Contract and updated scope/budget)	
Contract Employee (Attach Employment Status Form, scope, budget) X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget	Contract Employee (Attach any updates to scope or budget) <u>Legislative/Legal or Other:</u> (Attach authorizing language/justification and updated scope and budget)	
The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been exec	cuted, filed with CTR and is incorporated by reference into this Contract.	
X Commonwealth Terms and Conditions Commonwealth Terms and Conditions	Conditions For Human and Social Services.	
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$13,289.00		
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD if PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)		
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2016 16/30/2016 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:		
2. may be incurred as of		
CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.		
Amendment has been executed by an authorized signatory of the Contractor, the Dep approvals. The Contractor makes all certifications required under the attached <u>Contractor</u> penalties of perjury, agrees to provide any required documentation upon request to subusiness in Massachusetts are attached or incorporated by reference herein according <u>Conditions</u> , this Standard Contract Form including the instructions and Contractor Ce and additional negotiated terms, provided that additional negotiated terms will take pre-	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 tractor Certifications. (incorporated by reference if not attached hereto) under the peans and poort 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 riftications, 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 and RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X:	

(Updated 1/4/2018) Page 1

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

CONTRACTOR LEGAL NAME:	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
TOWN OF WESTON	MMARS Department Code: ELD	
<u>Legal Address:</u> (W-9, W-4,T&C) : PO BOX 378 WESTON MA 02493-0002	<u>Business Mailing Address</u> : 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Mignonne Murray	Billing Address (if different):	
E-Mail: murray.m@westonmass.org	Contract Manager: Stacey O'Connell	
Phone: 978-874-7402 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 4 9	Phone:1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COAWeston0000000	
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 at in the state accounting system by sufficient appropriations or other non-appropriated furate Contract (No Maximum Obligation. Attach details of all rates, units, calculation X Maximum Obligation Contract Enter Total Maximum Obligation for total duration PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through the payment issued within 10 days % PPD; Payment issued 30 days % PPD. If PPD percentages are left blank, identify reason: X agree to sta	Conditions For Human and Social Services. uthorized performance accepted in accordance with the terms of this Contract will be supported nds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. ns, conditions or terms and any changes if rates or terms are being amended.) of this Contract (or new Total if Contract is being amended). \$26,636.00 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	
payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See <u>Prompt Pay Discounts Policy.</u>) <u>BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT</u> : This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Further may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2016 76/30/20 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:		
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X:		
J		

(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. An electronic copy of this form is available at www.mass.gov/osc under OSD Forms.

www.mass.govipsc under Caroarice For For		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
CONTRACTOR LEGAL NAME: OWN OF WESTPORT		MMARS Department Code: ELD	
<u>egal Address:</u> (W-9, W-4,T&C): 116 MAIN RD WESTPORT MA 02790-4311		Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: John Zick		Billing Address (if different):	
Sontract Manager: 30th Elok E-Mail: coa@weststockbridge-ma.gov		Contract Manager: Stacey O'Connell	
Phone: 413-232-0137	Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: VC6000192050		<u>Phone</u> :1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.		MMARS Doc ID(s): FY18COAWestport00000	
Note: The Address id Must be set up for <u>EFT</u> paymen	nts.)	RFR/Procurement or Other ID Number: Grant Award	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes State or Federal grants 815 CMR 2.00)		CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment:, 20 Enter Amendment Amount: \$ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.) Amendment to Scope or Budget (Attach updated scope and budget)	
(Attach RFR and Response or other procurement supp Emergency Contract (Attach justification for emerger Contract Employee (Attach Employment Status Form X Legislative/Legal or Other; (Attach authorizing la	ncy, scope, budget) , scope, budget) enguage/justification,	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 CO X Commonwealth Terms and Conditions	ONDITIONS (T&C) has been exc Commonwealth Terms and	couted, filed with CTR and is incorporated by reference into this Contract. Conditions For Human and Social Services.	
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supporte in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$40,721.00 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 40 days % PPD; Payment issued within 10 da			
payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Finish 1 ay Discentification (subsequent payments scheduled to support standard EFT 45 day payment (subsequent payments scheduled to support Standard EFT 45 day payment (subsequent payments scheduled to support Standard EFT 45 day payment (subsequent payments scheduled to support Standard EFT 45 day payment (subsequent payments) and payment scheduled to support Standard EFT 45 day payment (subsequent payments) and payment payment payment scheduled to support Standard EFT 45 day payment payments and payment scheduled to support Standard EFT 45 day payment scheduled to support Sta			
report accounting for how these grant funds were applied. Ongoing eigibility for infinitial grant during is contagent or detailed by the prior to the Effective Date. 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, and the PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date below.			
Contract are attached and incorporated into this Contract. Acceptance of payments involved releases the Contractance of payments of the Contract are attached and incorporated into this Contract. Acceptance of payments involved releases the Contractance after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between			
amendments. CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Cont Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any re approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pair penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and 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 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 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 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 penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract or support compliance, and agrees that all terms governing performance of this Contract or support compliance, and agrees that all terms governing performance of this Contract or support compliance, and agrees that all terms governing performance of this Contract or Support compliance, and agrees that all terms governing performance of this Contract or Support Contract or Support Contract or Response (RFR) or other solicitation, the Contractor's Response over the relevant terms in the RFR			

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agreements, engagement letters, controlled that are incorporated 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	commonwealth Department NAME: Executive Office of Elder Affairs
ONTRACTOR LEGAL NAME: WN OF WESTWOOD	MMARS Department Code: ELD Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
egal Address: (W-9, W-4,T&C):	
0 HIGH ST WESTWOOD MA 02090-1607	Billing Address (if different):
ontract Manager: Lina Arena-DeRosa	Contract Manager: Stacey O'Connell
Mail: arenaderosa@townhall.westwood.ma.us	Stacey O'Connell@MassMail.state.ma.us
ione: 781-329-8799 Fax:	Obone 1-617-222-7419 Fax: 1-617-727-9300
ontractor Vendor Code: V C 6 0 0 0 1 9 2 0 5 1	MMARS Doc ID(s): FY18COAWestwood00000
endor Code Address ID (e.g. "AD001"): AD001.	RFR/Procurement or Other ID Number: Grant Award
ote: The Address id Must be set up for <u>EFT</u> payments.)	CONTRACT AMENDMENT
THE CONTRACT	Enter Current Contract End Date <u>Prior to Amendment:</u> , 20
PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	
Contract (OSD or an OSD-designated Department)	TYPE, (Check one ontion only, Attach details of the
Statewide Contract (OSD of the OSD approval, scope, budget) Collective Purchase (Attach OSD approval, scope, budget)	
Department Procurement (Includes State of 1 costs of 9 commentation)	Amendment to Scope or Budget (Atlach updated scope and updated scope/budget) Interim Contract (Atlach justification for Interim Contract and updated scope/budget)
(Attach RFR and Response or other productations support support (Attach RFR and Response or other product support supp	Contract Employee (Attach any updates to scope or budget) Contract Employee (Attach any updates to scope or budget)
Emergency Contract (Attach Justification for Chicagons) Scope, budget) Contract Employee (Attach Employeens Status Form, scope, budget) Contract Employee (Attach Employeens Status Form)	Contract Employee (Attach any updates to scope or budget) <u>Legislative/Legal or Other:</u> (Attach authorizing language/justification and updated scope
Contract Employee (Attach Employment Status : Employment Status : Employee (Attach Emp	and budget)
d hudgot	executed, filed with CTR and is incorporated by reference into this contract
The following COMMONWEALTH TERMS AND CONDITIONS (1407 INC.) X_Commonwealth Terms and ConditionsCommonwealth Terms	and Conditions For Human and Social Services. for authorized performance accepted in accordance with the terms of this Contract will be supported ed funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
identity a PPD as follows. Payment as one percentages are left blank, identify reason: X agree 30 days % PPD. If PPD percentages are left blank, identify reason: X agree payment (subsequent payments scheduled to support standard EFT 45 day payment (subsequent payments scheduled to support standard EFT 45 day payment by the second payment by the support is determined by a scheduled to support in determined by a scheduled to support in the support in the support in the support is determined by a scheduled to support in the support in the support in the support in the support is determined by a scheduled to support in the support i	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 ensured the minimality will complete a final fiscal
the municipalities of the Commonwealth. The award amounts described in the annually published COA Formula Grant Guide. The activity perfor report accounting for how these grant funds were applied. Ongoing eligibility for freport accounting for how these grant funds were applied. On the Coale of the Coal	ormula grant funding is contingent on satisfactory prior year periormatics. Ind Contractor certify for this Contract, or Contract Amendment, that Contract obligations: In obligations have been incurred prior to the Effective Date.
ANTICIDATED START DATE: (Complete ONE option only) "10 5 4	is a surred prior to the Effective Date,
1. may be incurred as of the <u>Effective Date</u> (latest signature date of the latest signature date	ate below and <u>no</u> obligations have been incurred <u>prior</u> to the <u>Energy beast</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
There are simplified to be finded claric.	and to rever releases and community
Contract are attached and incorporated into	ALL 2019 with no new upilications boins them.
CONTRACT END DATE: Contract performance of this Contract and performance expectation	ions and obligations shall survive its termination for the purpose of lescriving any lapse between transition performance, reporting, invoicing or final payments, or during any lapse between transition performance, reporting, invoicing or final payments, or during any lapse between
amended, provided that the terms and warranties, to allow any close out or	Transition performance, represent
amendments.	" " " " " " " " " " " " " " " " " " "
	arties, 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 require the Department, or a later Contract or Amendment Start Date specified above, subject to any require the Contractor Certifications (incorporated by reference if not attached hereto) under the pains and agrees that all terms governing performance of this Contract and doing uses to support compliance, and agrees that all terms governing performance Commonwealth Terms are the following hierarchy of document precedence, the applicable Commonwealth Terms are
approvals. The Contractor makes to provide any required documentation upon requ	lest to support compliance, and as the following hierarchy of document precedence, the applicable Community Response
	Jest to support compliance and according to the following hierarchy of document precedence, the applicable Commonweath according to the following hierarchy of document precedence, the applicable Contractor's Response tractor 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 take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the contractor's Response on t
and additional negotiated terms, provided that are	ny amended RFR of Response commonwealth:
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	AUTHORIZING SIGNATURE TON Date 2-18.
let pate /	X: View De Handwritten At Time of Signature)
X: // Date Must Be Handwritten At Time of Signature)	Signature and Date ground to No. 19 19 19 19 19 19 19 19 19 19 19 19 19
Print Name: Whokase Taillet Print Title: Jorya Admin 5 Vertex	Print Title:

(Updated 11/2018) Page 1

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WWW.mass goviosc under Guidance Por Vendors	- I CALLS OF WWW.IRESS.GOVIC	COMMONWEALTH	DEPARTMENT NAME:	Executive Office of Elder Affairs
CONTRACTOR LEGAL NAME: TOWN OF WEYMOUTH		MMARS Department Code: ELD		
Legal Address: (W-9, W-4,T&C):		Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108		
75 MIDDLE ST WEYMOUTH MA 02189-1359 Contract Manager: Karen Johnston		Billing Address (if d	lifferent):	
E-Mail: kjohnston@weymouth.ma.us		Contract Manager:		
Phone: 978-874-7402 Fax:			onnell@MassMail.state	ma.us
Contractor Vendor Code: VC6000192053		Phone:1-617-222-74		Fax: 1-617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD001.		MMARS Doc ID(s):	FY18COAWeymo	outh00000
Note: The Address Id Must be set up for EFT payments.)			r Other ID Number: Gra	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes State or Federal grants 815 CMR 2.00)		Enter Amendment A AMENDMENT TYPE	act End Date <u>Prior</u> to A Amount \$ (E: (Check one option o	AMENDMENT 20 20 (or "no change") nly. Attach details of Amendment changes.) pdated scope and budget)
(Attach RFR and Response or other procurement supporting <u>Emergency Contract</u> (Attach justification for emergency, so <u>Contract Employee</u> (Attach <u>Employment Status Form</u> , scor <u>X Legislative/Legal or Other</u> : (Attach authorizing langua	documentation) cope, budget) e, budget)	Interim Contract (At	ttach justification for Inter (Attach any updates to s	rim Contract and updated scope/budget)
scope and budget The following COMMONWEALTH TERMS AND CONDIT X_Commonwealth Terms and Conditions	IONS (T&C) has been exec Commonwealth Terms and C	uted, filed with CTR a	and is incorporated by and Social Services.	reference into this Contract.
COMPENSATION: (Check ONE option): The Department in the state accounting system by sufficient appropriations Rate Contract. (No Maximum Obligation. Attach details X Maximum Obligation Contract. Enter Total Maximum	or other non-appropriated fun of all rates, units, calculation Obligation for total duration o	ids, subject to intercept ns, conditions or terms a of this Contract (or new	for Commonwealth ower and any changes if rates Total if Contract is being	or terms are being amended.) g amended), \$110,444.00
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments me identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 15 days % PPD. 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.)			ayments (G.L. c. 29, § 23A); only initial	
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Fund may support Council on Aging activities in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2016 7 6/30/2016 in municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.			the municipality will complete a final fiscal	
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:			ndment, that Contract obligations:	
			re <u>Date.</u> to the <u>Effective Date.</u> bligations incurred prior to the <u>Effective</u> Imstances of all obligations under this aims related to these obligations.	
Contract are all active and intolpotated find this contract. Acceptance of payments are all active and an all active and are all active and performance shall terminate as of June 30th, 2018 with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or disput for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			this date unless the Contract is properly in purpose of resolving any claim or dispute, ments, or during any lapse between	
CERTIFICATIONS: Notwithstanding verbal or other representations. The Contractor makes all certifications required penalties of perjury, agrees to provide any required documents in Massachusetts are attached or incorporated to Conditions, this Standard Contract Form including the Informational negotiated terms, provided that additional the process outlined in 801 CMR 21 07, incorporated her AUTHORIZING SIGNATURE FOR THE ONTRACTOR X: CSIgnature and Date Must Be Handwritten At Time of Signature and Date Must Be Handwritten At Time of Signature and Date Must Be Handwritten At Time of Signature and Date Must Be Handwritten At Time of Signature and Date Must Be Handwritten At Time of Signature and Date Must Be Handwritten At Time of Signature and Date Must Be Handwritten At Time of Signature and Date Must Be Handwritten At Time of Signature and Date Must Be Handwritten At Time of Signature and Date Must Be Handwritten At Time of Signature and Date Must Be Handwritten At Time of Signature and Date Must Be Handwritten At Time of Signature and Date Must Be Handwritten At Time of Signature At	ary of the Contractor, the Dependent of the attached Contractor of the attached Contractor of the cont	partment, or a later contractor Certifications (li upport compliance, and g to the following hierar entifications, the Reque eccedence over the relevated RFR or Response to AUTHORIZING	inductor Artheritation in corporated by reference in agrees that all terms gurchy of document precedust for Response (RFR) vant terms in the RFR arems result in best value SIGNATURE FOR THE Date/Must Be Handwritt	be if not attached hereto) under the pains and overning performance of this Contract and doing dence, the applicable Commonwealth Terms and or other solicitation, the Contractor's Response, and the Contractor's Response only if made using a lower costs, or a more cost effective Contract.

(Updated 1/4/2018) Page 1

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TOWN OF WHATELY	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4,T&C):	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
PO BOX 89 WHATELY MA 01093-0089	Cillian Enidana (If different)	
Contract Manager: Marlene Johnson	Billing Address (if different):	
E-Mail: scsc@town.deerfield.ma.us	Contract Manager: Stacey O'Connell	
Phone: 978-363-1104 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 5 5	Phone:1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc (D(s): FY 18 COAW hately 000000	
Note: The Address id Must be set up for EFT payments.)	RFR/Procurement or Other ID Number: Grant Award	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	CONTRACT AMENDMENT 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")	
Coffective Purchase (Attach OSD approval, scope, budget)	AMENOMENT TYPE: (Check one option only. Attach details of Amendment changes.)	
Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)	Amendment to Scope or Budget (Attach updated scope and budget)	
Emergency Contract (Attach justification for emergency, scope, budget)	Interim Contract (Attach justification for Interim Contract and updated scope/budget)	
Contract Employee (Attach Employment Status Form, scope, budget)	Contract Employee (Attach any updates to scope or budget) <u>Legislative/Legal or Other:</u> (Attach authorizing language/justification and updated scope	
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget	and budget)	
The following COMMONVIEAL THITERMS AND CONDITIONS (T&C) has been exec	cuted, filed with CTR and is incorporated by reference into this Contract. Conditions For Human and Social Services.	
Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$5,000.00 PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29.6 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Promot Pay Discounts Policy.) BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula-grant award to the Councils on Aging of		
ONCE DESCRIPTION OF ASSETS AND DEDECRMANCE OF DEASON FOR AMENDM	ENT: This contract is to locally distribute a formula grant award to the Councils on Aging of	
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDM the municipalities of the Commonwealth. The award amount is determined by a census-tidentified in the annually published COA Formula Grant Guide. The activity performance report accounting for how these grant funds were applied. Ongoing eligibility for formula	ENT: This contract is to locally distribute a formula grant award to the Councils on Aging of based allocation of available grant funding. Furthern as support Council on Aging activities as period for this award is 7/1/2016 7 6/30/2018 (The municipality will complete a final fiscal grant funding is contingent on satisfactory prior year performance.	
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BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDM the municipalities of the Commonwealth. The award amount is determined by a census-tidentified in the annually published COA Formula Grant Guide. The activity performance report accounting for how these grant funds were applied. Ongoing eligibility for formula of a NTICIPATED START DATE: (Complete ONE option only) The Department and Contact In may be incurred as of the Effective Date (latest signature date below) and no obliging a new properties of the Effective Date below, and account of the Effective Date below, are authorized to be made either as settlement payments or as authorized reimburse. Contract are attached and incorporated into this Contract. Acceptance of payments forever the contract END DATE: Contract performance shall terminate as of June 30th, 2017 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.	ENT: This contract is to locally distribute a formula grant award to the Councils on Aging of based allocation of available grant funding. Furtherman y support Council on Aging activities as period for this award is 7/1/2016 7 6/30/2018. The municipality will complete a final fiscal grant funding is contingent on satisfactory prior year performance. Itractor certify for this Contract, or Contract Amendment, that Contract obligations: grations have been incurred prior to the Effective Date. It wand no obligations have been incurred prior to the Effective Date. It wand no obligations have been incurred prior to the Effective Date. It was a gree that payments for any obligations incurred prior to the Effective Bate. It was a gree that payments for any obligations incurred prior to the Effective Bate. It was a gree that payments for any obligations incurred prior to the Effective Bate. It was a gree that payments for any obligations incurred prior to the Effective Bate. It was a gree that payments for any obligations incurred prior to the Effective Bate. It was a gree that payments for any obligations incurred prior to the Effective Bate. It was a gree that payments for any obligations incurred prior to the Effective Bate. It was a gree that payments for any obligations incurred prior to the Effective Bate. It was a gree that payments for any obligations incurred prior to the Effective Bate. It was a gree that payment for any obligation incurred prior to the Effective Bate. It was a gree that payment for any obligation incurred prior to the Effective Bate. It was a gree that payment for any obligation incurred prior to the Effective Bate. It was a gree that payment for any obligation incurred prior to the Effective Bate. It was a gree that payment for any obligation incurred prior to the Effective Bate. It was a gree that payment for any obligation incurred prior to the Effective Bate. It was a gree that payment for any obligation incurred prior to the Effective Bate. It was a gree that payment	

(Updated 1/4/2018) Page 1

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CONTRACTOR LEGAL NAME:	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs		
TOWN OF WHITMAN	MMARS Department Code: ELD		
<u>Legal Address</u> : (W-9, W-4,T&C): 54 SOUTH AVE WHITMAN MA 02382-2052	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108		
Contract Manager: Barbara J. Garvey	Billing Address (if different):		
E-Mail: bgarvey@whitman-ma.gov	Contract Manager: Stacey O'Connell		
<u>Phone</u> : 781-786-6280 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us		
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 5 6	Phone:1-617-222-7419 Fax: 1-617-727-9368		
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COAWhitman000000		
Note: The Address ld Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award		
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) X Legislative/Legal or Other: (Attach authorizing language/justification,	Enter Current Contract End Date Prior to Amendment:, 20 Enter Amendment Amount: \$		
scope and budget	and budget)		
The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been exe X Commonwealth Terms and Conditions Commonwealth Terms and	cuted, filed with CTR and is incorporated by reference into this Contract. Conditions For Human and Social Services.		
in the state accounting system by sufficient appropriations or other non-appropriated fur Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculatio X Maximum Obligation Contract. Enter Total Maximum Obligation for total duration of PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through the properties of t	of this Contract (or new Total if Contract is being amended). \$9,978.94 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		
payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.) BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2017 – 6/30/2018. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.			
ANTICIPATED START DATE: (Complete ONE option only) The Department and Cor	ntractor certify for this Contract, or Contract Amendment, that Contract obligations:		
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:			
CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contractor Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any request on the Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pain penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Term Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contactor Contactor Certifications, the Contractor of Signature and Date Must Be Handwritten At Time of Signature) Print Name: Print Name: Print Title: P			

(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.

www.mass.gov/osc under Guidance For	Venuors - Forms Of www.trass.gov	COMMONWEALTH DEPARTMENT NAME; Executive Office of Elder Affairs		
CONTRACTOR LEGAL NAME: OWN OF WILBRAHAM		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE Office of Ender Affairs MMARS Department Code: ELD		
		Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108		
<u>.egal Address</u> : (W-9, W-4,T&C) : 40 SPRINGFIELD ST WILBRAHAM MA 01095-2257				
Contract Manager: Paula Dubord		Billing Address (if different):		
-Mail: pdubord@wilbraham-ma.gov		Contract Manager: Stacey O'Connell		
Phone: 413-232-0137	Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us		
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 5 8		Phone:1-617-222-7419 Fax: 1-617-727-9368		
Vendor Code Address ID (e.g. "AD001"): AD001		MMARS Doc ID(s): FY18COAWilbraham0000		
Note: The Address Id Must be set up for <u>EFT</u> pay	ments.)	RFR/Procurement or Other ID Number: Grant Award		
X NEW CONTRACT	45.	CONTRACT AMENDMENT		
PROCUREMENT OR EXCEPTION TYPE: (Check		Enter Current Contract End Date <u>Prior</u> to Amendment:, 20 Enter Amendment Amount: \$ (or "no change")		
Statewide Contract (OSD or an OSD-designated I Collective Purchase (Attach OSD approval, scope	Jepariment) - budget\	AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)		
Department Procurement (includes State or Fede	ral grants 815 CMR 2.00)	Amendment to Scope or Budget (Attach updated scope and budget)		
(Attach RFR and Response or other procurement s	upporting documentation)	Interim Contract (Attach justification for Interim Contract and updated scope/budget)		
Emergency Contract (Attach justification for emergency Contract Employee (Attach Employment Status F.	orm, scope, budget)	Contract Employee (Attach any undates to scope or budget)		
X Legislative/Legal or Other: (Attach authorizing	g language/justification,	Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)		
scope and budget	CONDITIONS (T&C) has been ex	ecuted, filed with CTR and is incorporated by reference into this Contract.		
X Commonwealth Terms and Conditions	Commonwealth Terms and	O CONTROLS FOR Fromman and Goods and victor.		
The De	partment certifies that payments for a	authorized performance accepted in accordance with the terms of this Contract will be supported		
m and a state blooding the African Africa	ah dataile at ail ratae linite calcilialli	ions, conditions or terms and any changes if rates or terms are being amended.) n of this Contract (or <i>new</i> Total if Contract is being amended). \$35,230,00		
PROMPT PAYMENT DISCOUNTS (PPD): Comm	nonwealth payments are issued thro	ough EFT 45 days from invoice receipt. Contractors requesting accelerated payments must		
identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 10 days % PPD; Payment issued within 13 days % PPD as follows: Payment issued within 10 days % PPD; Payment issued within 13 days % PPD as follows: 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.)				
	MANAGE - DEACON FOR AMEND	MICHT. This contract is to locally distribute a formula drant award to the Councils on Aging of		
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		ce period for this award is //1/2016 / 6/30/2018 (in a marrial funding is contingent on satisfactory prior year performance.		
report accounting for now tress grant funds were a	ontion only) The Department and Co	ontractor certify for this Contract, or Contract Amendment, that Contract obligations:		
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:				
علاء و م م م م م	L. LATED than the Effective Date he	alous and no obligations have been incurred prior to the checkve <u>pate</u> .		
2, may be incurred as of, 20 , a date LATER trian the <u>Effective Date</u> below, and the parties agree that payments for any obligations incurred prior to the <u>Effective X</u> 3. were incurred as of <u>July 1st, 2017</u> , a date PRIOR to the <u>Effective Date</u> below, and the parties agree that payments for any obligations incurred prior to the <u>Effective Date</u> are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.				
Contract are attrached and incorporated into this Contract. Acceptance of portments of properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between				
amendments. CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or 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				
approvals. The Contractor makes all certification	ons required under the attached	compact compliance, and agrees that all terms governing performance of this Contract and doing		
Conditions, this Standard Contract Form including the instructions and Contractor Certaincators, the Reguest for Response for the RFR and the Contractor's Response only if made usi and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made usi the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contractor the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contractor.				
the process outlined in 801 CMR 21.07, incorporated herein, provided that any amend AUTHORIZING SIGNATURE FOR THE CONTRACTOR:		AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:		
1.6.4		x Veam (on ent. Date: 2-1-18.		
X: Nuch BreamW . Date: 1918 (Signature and Date Must Be Handwritten At Time of Signature)		X POON Date: 2-1-18. (Signature and Date Must Be Handwritten Al Time of Signature) Print Name: 2997 DOPP19		
Print Name: Mix Breaus				
Print Title: TOWN PLUMINIS (PLD)	7/12	Print Title: HET LYG CTO		
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	(Update)	a 1/4/2018) Page 1		

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www.mada.gov/occumes candings as volume	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
CONTRACTOR LEGAL NAME: Own of Williamsburg	MMARS Department Code: ELD	
Legal Address: (W-9, W-4,T&C): 41 MAIN RD WILLIAMSBURG MA 01096-9407	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Marie Westburg	Billing Address (if different):	
E-Mail: coa@burgy.org	Contract Manager: Stacey O'Connell	
Phone: 508-693-2896 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 5 9	Phone:1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD <u>001</u> .	MMARS Doc ID(s): FY18COAWilliamsburg0	
Note: The Address Id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award	
	CONTRACT AMENDMENT	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	Enter Current Contract End Date Prior to Amendment:, 20	
Statewide Contract (OSD or an OSD-designated Department)	Enter Amendment Amount: \$ (or "no change")	
Collective Purchase (Attach OSD approval, scope, budget)	AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)	
Department Procurement (includes State or Federal grants 815 CMR 2.00)	Amendment to Scope or Budget (Attach updated scope and budget)	
(Attach RFR and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget)	Interim Contract (Attach justification for Interim Contract and updated scope/budget)	
Contract Employee (Attach Employment Status Form, scope, budget)	Contract Employee (Attach any updates to scope or budget)	
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget	<u>Legislative/Legal or Other:</u> (Attach authorizing language/justification and updated scope and budget)	
The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been exe	cuted, filed with CTR and is incorporated by reference into this Contract.	
X Commonwealth Terms and Conditions Commonwealth Terms and	Conditions For Human and Social Services.	
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be support in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$5.878.00 PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (G.L., c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.) BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Further may support Council on Aging activities identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2016; the municipality will complete a final fiscal identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019 – 6/30/2016; the municipality will complete a final fiscal		
report accounting for how these grant funds were applied. Ongoing eligibility for formula	grant funding is contingent on satisfactory prior year performance.	
ANTICIPATED START DATE: (Complete ONE option only) The Department and Con	ntractor certify for this Contract, or Contract Amendment, that Contract Obligations.	
1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date. 2. may be incurred as of		
Contract are attached and incorporated into this Contract. Acceptance of payments for	yer release the Contract is properly	
CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2th amended, provided that the terms of this Contract and performance expectations are	d obligations shall survive its termination for the purpose of resolving any claim or dispute,	
amended, provided that the terms of this Contract and performance expectations ar for completing any negotiated terms and warranties, to allow any close out or transiti	on performance, reporting, involving of final payments, of during any happe between	
amendments.	The state 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, as 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 Conditions, this Standard Contract Form including the Instructions and Contractor and additional negotiated terms, provided that additional negotiated terms will take put the process outlined in 801 CMR 21.07, incorporated herein, provided that any amer AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X:	the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or partment, or a later Contract or Amendment Start Date specified above, subject to any required intractor Certifications (incorporated by reference if not attached hereto) under the pains and support compliance, and agrees that all terms governing performance of this Contract and doing any to the following hierarchy of document precedence, the applicable Commonwealth Terms and Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, recedence over the relevant terms in the RFR and the Contractor's Response only if made using ided RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: (Signature and Date Must Be Handwritten At Time of Signature) Print Name: Print Title:	
Print Title: 1500 Kd of Selective	1 mr 1901	

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www.mass.gov/osc under Guidance For Ven	dors - norms or www.mass.gov/	USU LEILUCI CODE FURIES.		
CONTRACTOR LEGAL NAME: TOWN OF WILMINGTON		COMMONWEALTH DEPARTI MMARS Department Code: 1		xecutive Office of Elder Affairs
Legal Address: (W-9, W-4,T&C):		Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108		
121 GLEN RD WILMINGTON MA 01887-3542		Billing Address (if different):	<u></u>	
Contract Manager: Terri Marciello				
E-Mail: tmarciello@wilmingtonma.gov Contract Manager: Stacey		E-Mail: Stacey.O'Connell@M		12.45
1 1010, 110 002 0100	Fax:	Phone:1-617-222-7419	iggalrigij,atgte.ili	Fax: 1-617-727-9368
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 6 1		MMARS Doc ID(s): FY18C	:∩ A Wilming	
Vendor Code Address ID (e.g. "AD001"): AD001.	ia l	RFR/Procurement or Other IL		
Note: The Address ld Must be set up for <u>EFT</u> paymen	18./		CONTRACT A	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one	ontion only)	Enter Current Contract End		
Statewide Contract (OSD or an OSD-designated Depa		Enter Amendment Amount: \$		
Collective Purchase (Attach OSD approval, scope, but	dget)	AMENDMENT TYPE: (Check	one option only	y. Attach details of Amendment changes.)
Department Procurement (includes State or Federal g	rants 815 CMR 2.00)	Amendment to Scope or Bud	dget (Attach upd	ated scope and budget)
(Attach RFR and Response or other procurement support Emergency Contract (Attach justification for emergency	orung documentation) cv, scope, budget)	Interim Contract (Attach justif	ication for Interim	n Contract and updated scope/budget)
Contract Employee (Attach Employment Status Form,	scope, budget)	Contract Employee (Attach a	ny updates to sc	ope or budget)
X Legislative/Legal or Other: (Attach authorizing lar	nguage/justification,	Legislative/Legal or Other: (/ and budget)	utach authonzing	g language/justification and updated scope
scope and budget The following COMMONWEALTH TERMS AND CO	NDITIONS (T&C) has been exe	cuted, filed with CTR and is inc	orporated by re	ference into this Contract.
X Commonwealth Terms and Conditions	Commonwealth Terms and	Conditions For Human and Socia	l Services.	
Rate Contract. (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) X. Maximum Obligation Contract. Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$39,236.00 PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT_45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.) BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula-grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Further pays support Council on Aging activities as identified in the annually published CoA Formula Grant Guide. The activity performance period for this award is 7/1/2016 36/30/2024 (The principal payments). 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 the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date. 2. 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 the Effective Dat				
COLUMN LOT ELLE DATE. Contract newformance chall	Ltorminate ac of June 30th 20	318 with no new obligations being	incurred after in	is date filless the configct is broberry
amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.				
CERTIFICATIONS: Notwithstanding verbal or other Amendment has been executed by an authorized sign approvals. The Contractor makes all certifications of penalties of perjury, agrees to provide any required business in Massachusetts are attached or incorpora Conditions, this Standard Contract Form including the and additional negotiated terms, provided that additional	gnatory of the Contractor, the De equired under the attached Codocumentation upon request to sited by reference herein according the instructions and Contractor Conal negotiated terms will take profit herein, provided that any amen TOR: Date: // & // & e of Signature)	spartment, or a later Contract or A ntractor Certifications (Incorporations of the Support compliance, and agrees the good to the following hierarchy of dorough the regions of the second of the seco	when the control of t	if not attached hereto) under the pains and erning performance of this Contract and doing noe, the applicable Commonwealth Terms and other solicitation, the Contractor's Response, the Contractor's Response only if made using ower costs, or a more cost effective Contract.
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(Updated 11472018) Page 1

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

www.mass.gowosc.ender_odidance r or ve	Idora -1 dinia di www.moda.go				
CONTRACTOR LEGAL NAME: TOWN OF WINCHENDON		•	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs		
TOWN OF WINGHENDON			MMARS Department Code: ELD		
<u>Legal Address</u> : (W-9, W-4,T&C): 109 FRONT ST WINCHENDON MA 01475-1758		Business Mailing	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108		
Contract Manager: Sheila Bettro		<u>Billing Address (if</u>	different):		
E-Mail: winchendoncoa@msn.com		Contract Manager	: Stacey O'Connell		
Phone: 978-692-5523	Fax:	E-Mail: Stacey.O'	Connell@MassMail.state.	ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 6 2		Phone:1-617-222-	7419	Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.		MMARS Doc ID(s)	FY18COAWinch	endon000	
Note: The Address Id Must be set up for EFT payme	nts.)	RFR/Procurement	RFR/Procurement or Other ID Number: Grant Award		
X NEW CONTRACT			CONTRACT AMENDMENT		
PROCUREMENT OR EXCEPTION TYPE: (Check on	e option only)	Enter Current Con	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20		
Statewide Contract (OSD or an OSD-designated Dep	artment)	Enter Amendment	Enter Amendment Amount: \$ (or "no change")		
Collective Purchase (Attach OSD approval, scope, but	udget)	AMENDMENT TYPE	AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)		
Department Procurement (includes State or Federal (Attach RFR and Response or other procurement supp	grants 815 CMR 2.00)		ope or Budget (Attach up		
Emergency Contract (Attach justification for emerger	icv. scone. budget)	Interim Contract (Attach justification for Interi	im Contract and updated scope/budget)	
Contract Employee (Attach Employment Status Form	, scope, budget)	Contract Employe	e (Attach any updates to s	cope or budget)	
X Legislative/Legal or Other: (Attach authorizing la	nguage/justification,	Legislative/Legal	or Other: (Attach authorizi	ng language/justification and updated scope	
scope and budget	NEWONE COOL - L	and budget)	and in incorporated by r	reference into this Contract	
The following COMMONWEALTH TERMS AND COX Commonwealth Terms and Conditions	Commonwealth Terms an	d Conditions For Human	and Social Services.	Gierence into ano constact	
in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. Rate Contract. (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) X. Maximum Obligation Contract. Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended.). \$16.781.00 PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 15 days % PPD. If PPD percentages are left blank, identify reason: X_agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.) BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funty (new support Council on Aging activitied in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2016—6/30/2018 The municipality will complete a final fiscon.			or terms are being amended.) amended). \$16,781.00 ors requesting accelerated payments must in 20 days % PPD; Payment issued within yments (G.L. c. 29, § 23A); only initial la grant award to the Councils on Aging of the payment Council on Aging activities as a municipality will complete a final fiscal		
report accounting for how these grant funds were applied. Ongoing eligibility for formula g		la grant turtuing is contin	ontroot or Contract Amon	dment that Contract phlications:	
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:					
			to the <u>Effective Date</u> . igations incurred prior to the <u>Effective</u> nstances 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 triese congations.			ms related to triese colligations.		
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			nents, 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 Contamendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any reapprovals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pair penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Term Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made the process outlined in 80f CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contactor Scientifications. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X:		to bate specified above, subject to any required to a first attached hereto) under the pains and verning performance of this Contract and doing ence, the applicable Commonwealth Terms and or other solicitation, the Contractor's Response, d the Contractor's Response only if made using lower costs, or a more cost effective Contract. COMMONWEALTH: Date: Date: At Time of Sidnature)			
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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 definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at www.mass.gov/osc under OSD Forms.

TOWN OF WINCHESTER	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
	MMARS Department Code: ELD	
Legal Address: (W-9, W-4,T&C): 71 MOUNT VERNON ST WINCHESTER MA 01890-2706	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Phillip Belfz	Billing Address (if different):	
E-Mail: pbeltz@winchester.us	Contract Manager: Stacey O'Connell	
<u>Phone</u> : 413-527-2404 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 6 3	Phone:1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COAWinchester000	
Note: The Address Id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (Includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) X Legislative/Legal or Other: (Attach authorizing language/justification,	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20 Enter Amendment Amount: \$ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.) Amendment to Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget) Contract Employee (Attach any updates to scope or budget) 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 exect X Commonwealth Terms and Conditions Commonwealth Terms and Conditions	uted, filed with CTR and is incorporated by reference into this Contract. Conditions For Human and Social Services.	
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds; subject to intercept for Commonwealth owed debts under 815 CMR 9.00. Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$45,386.00 PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial		
payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.) BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Fundamy support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2016) 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.		
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	pased allocation of available grant funding. Furlacy risk support council of Aging activities as period for this award is 7/1/2016 6/30/2016 The municipality will complete a final fiscal grant funding is contingent on satisfactory prior year performance.	
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 Cont 1. may be incurred as of the Effective Date (latest signature date below) and no oblig 2. may be incurred as of	period for this award is 7/1/2016 6/30/2016 be municipality will complete a final fiscal grant funding is contingent on satisfactory prior year performance. Tractor certify for this Contract, or Contract Amendment, that Contract obligations: gations have been incurred prior to the Effective Date. We and no obligations have been incurred prior to the Effective Date. and the parties agree that payments for any obligations incurred prior to the Effective ement payments, and that the details and circumstances of all obligations under this per releases the Commonwealth from further claims related to these obligations.	
the municipalities of the Commonwealth. The award amount is determined by a census-identified in the annually published COA Formula Grant Guide. The activity performance report accounting for how these grant funds were applied. Ongoing eligibility for formula ANTICIPATED START DATE: (Complete ONE option only) The Department and Contact I. may be incurred as of the Effective Date (latest signature date below) and no oblication of the Incurred as of 1, 20, a date LATER than the Effective Date below, Date are authorized to be made either as settlement payments or as authorized reimburs Contract are attached and incorporated into this Contract. Acceptance of payments forevolved 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.	period for this award is 7/1/2016 6/30/2016 the municipality will complete a final fiscal grant funding is contingent on satisfactory prior year performance. Tractor certify for this Contract, or Contract Amendment, that Contract obligations: gations have been incurred prior to the Effective Date. We and no obligations have been incurred prior to the Effective Date. and the parties agree that payments for any obligations incurred prior to the Effective ement payments, and that the details and circumstances of all obligations under this like it is the commonwealth from further claims related to these obligations. B with no new obligations being incurred after this date unless the Contract is properly obligations shall survive its termination for the purpose of resolving any claim or dispute,	

(Updated 1/4/2018) Page 1

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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 require on 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 egreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at www.mass.gov/osc/ under OSD Forms.

CONTRACTOR LEGAL NAME:	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
TOWN OF WINDSOR	MMARS Department Code: ELD	
<u>Legal Address</u> ; (W-9 , W-4.T&C) ; PO BOX 146 CHESHIRE MA 01225-0146	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Paul H. Hoag	Billing Address (if different):	
E-Mail: grammlegbisti5@gmail.com	Contract Manager, Stacey O'Connell	
Phone: 978-874-7402 Fax:	E-Mail: Stacey O'Connell@MascMail state maus	
Contractor Vendor Code: VC 6000 1920 66	Phone: 1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "Aŭbbi"): Aŭbbit.	MMARS Doc ID(s): FŸ เล็ติบัAWindsorติบันนี้นั้	
Note: The Address Id Must be set up for EFT payments.)	RFR/Procurement or Other ID Number: Grant Award	
X NEW CONTRACT	CONTRACT AMENDMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20	
Statewide Contract (OSD or an OSD designated Department)	Enter Amendment Amount: \$(or "no change")	
Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes State or Federal grants 815 CMR 2.00)	AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)	
(Attach RFR and Response or other procusement 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 any updates to scope or budget)	
Contract Employee (Attach Employment Status Form, scope, budget) X Legislative/Legal or Other: (Attach authorizing language/justification,	Contract Employee (Aliach any updates to scope or budget) Legislative/Legal or Other: (Attach authorizing language/justification and updated scope	
scope and budget	and budget)	
The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been exec X Commonwealth Terms and Conditions Commonwealth Terms and C	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 funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.). X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$4.260.89 PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days. % PPD; Payment issued within 15 days. % PPD; Payment issued within 30 days. % PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)		
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a consus-based allocation of available grant funding. Further support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2019—6/30/2019. 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 oblig	nations have been incurred prior to the Effective Date.	
2. may be incurred as of the <u>Effective Date</u> (as a strength of the <u>Effective Date</u>). 2. may be incurred as of, 20, a date LATER than the <u>Effective Date</u> below and <u>no</u> obligations have been incurred <u>prior</u> to the <u>Effective Date</u> . X 3. were incurred as of, 2017, a date <u>PRIOR</u> to the <u>Effective Date</u> below, and the parties agree that payments for any obligations incurred prior to the <u>Effective Date</u> 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 are attached and incorporated into this contract. Acceptance of payments toleven releases the commonwealth relations and incorporated into this contract as of June 30th, 2019 with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.		
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated forms, provided that additional negotiated forms will take procedence 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: **Cotte: Lay		

(Updated 1/4/2018) Page 1

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

www.mass.gov/osc under Galdance For Ven	20.0 . 21.112 01 11111111111111111111111				
ONTRACTOR LEGAL NAME: OWN OF WINTHROP		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD			
		Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108			
<u>.egał Address</u> : (W-9, W-4,T&C): METCALF SQ WINTHROP MA 021523159		Dushiess mailing Address. 1 Ashbutton 1 lace Room 911, boston, mr. 42100			
Contract Manager: Cathy Dixon		Billing Address (if			
E-Mail: winthropoutreach@aol.com		Contract Manager	: Stacey O'Connell		
<u>Phone</u> : 781-786-6280	Fax:	E-Mail: Stacey.O'	Connell@MassMail.state.		
Contractor Vendor Code: VC6000192064		Phone:1-617-222-		Fax: 1-617-727-9368	
/endor Code Address ID (e.g. "AD001"): AD <u>001</u> .		MMARS Doc ID(s)	E FY18COAWinthr	op00000	
Note: The Address Id Must be set up for <u>EFT</u> paymer	ts.)	RFR/Procurement	RFR/Procurement or Other ID Number: Grant Award		
X NEW CONTRACT			CONTRACT AMENDMENT		
PROCUREMENT OR EXCEPTION TYPE: (Check one		1	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20		
Statewide Contract (OSD or an OSD-designated Department (OSD or an OSD or	urtment)	Enter Amendment	Enter Amendment Amount: \$ (or "no change")		
Collective Purchase (Attach OSD approval, scope, bu Department Procurement (includes State or Federal g	oger) rants 815 CMR 2.00)			ly. Attach details of Amendment changes.)	
(Attach RFR and Response or other procurement supp	orting documentation)		cope or Budget (Attach up		
Emergency Contract (Attach justification for emergen	cy, scope, budget)		Attach justification for interi se (Attach any updates to s	m Contract and updated scope/budget)	
Contract Employee (Attach Employment Status Form, X Legislative/Legal or Other: (Attach authorizing la	scope, suuger, iguage/justification.	Legislative/Legal	or Other: (Attach authorizi	ng language/justification and updated scope	
scope and budget		and budget)			
The following COMMONWEALTH TERMS AND CO X_Commonwealth Terms and Conditions	NDITIONS (T&C) has been exe Commonwealth Terms and	cuted, filed with CTR Conditions For Humar	t and is incorporated by rand Social Services.	eference into this Contract.	
Record Contract State Contract State Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$35,460.73 PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; 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. Fuffir may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2016—6/30/2016. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance. ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: 1. may be incurred as of					
CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.					
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: (Signature and Date Must Be Handwritten At Time of Signature) Print Name: Print Title: Print Title: Print Title: Print Title: Print Title:					

(Updated 1/4/2018) Page 1

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

CONTRACTOR LEGAL NAME:	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs					
ITY OF WOBURN	MMARS Department Code: ELD					
<u>egal Address</u> : (W-9, W-4,T&C): 0 COMMON ST WOBURN MA 01801-6702	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108					
Contract Manager: Joanne Collins	Billing Address (if different):					
E-Mail: jcollins@cityofwoburn.com	Contract Manager: Stacey O'Connell					
Phone: 508-636-1026 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us					
Contractor Vendor Code: V C 6 0 0 0 1 9 2 1 4 2	Phone:1-617-222-7419 Fax: 1-617-727-9368					
/endor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COAWoburn0000000					
lote: The Address Id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award					
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget)	CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment:, 20 Enter Amendment Amount: \$\ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.) Amendment to Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget) Contract Employee (Attach any updates to scope or budget)					
X Legislative/Legal or Other: (Attach authorizing language/justification,	<u>Legislative/Legal or Other:</u> (Attach authorizing language/justification and updated scope and budget)					
scope and budget The following <u>COMMONWEALTH TERMS AND CONDITIONS</u> (T&C) has been exect X Commonwealth Terms and Conditions Commonwealth Terms and Conditions	and budget) uted, filed with CTR and is incorporated by reference into this Contract. conditions For Human and Social Services.					
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$78,473.00						
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)						
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds that support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2016 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 Conf	ractor certify for this Contract, or Contract Amendment, that Contract obligations:					
CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.						
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 361 CMR/21.07 incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X:						

(Updated 1/4/2018) Page 1

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

CONTRACTOR LEGAL NAME:	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs					
ITY OF WORCESTER	MMARS Department Code: ELD					
<u>egal Address: (W-9, W-4, T&C):</u> 55 MAIN ST WORCESTER MA 01608-1821	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108					
Contract Manager: Amy Vogel Waters	Billing Address (if different):					
E-Mail: WatersA@worcesterma.gov	Contract Manager: Stacey O'Connell					
Phone: 781-329-8799 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us					
Contractor Vendor Code: V C 6 0 0 0 1 9 2 1 4 5	Phone:1-617-222-7419 Fax: 1-617-727-9368					
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COAW orcester0000					
Note: The Address Id Must be set up for EFT payments.)	RFR/Procurement or Other ID Number: Grant Award					
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been ex Commonwealth Terms and Conditions Commonwealth Terms and Conditions Commonwealth Terms and Conditions	CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment:, 20 Enter Amendment Amount: \$ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.) Amendment to Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget) Contract Employee (Attach any updates to scope or budget) Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget) suted, filed with CTR and is incorporated by reference into this Contract. Conditions For Human and Social Services.					
in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 615 CNNR 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). \$282,675,29 PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 20 days % PPD; Payment issued within 20 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c, 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.) BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formulagrant award to the Councils on Aging of Indication of available grant funding. Funds frow support Council on Aging activities as						
the municipalities of the Contractive and amount to determine by a contract by a contr						
2. may be incurred as of, 20 , a date LATER than the <u>Effective Date</u> below and <u>no</u> obligations have been incurred <u>prior</u> to the <u>Effective Date</u> . X 3, were incurred as of <u>July 1st</u> , 2017, a date PRIOR to the <u>Effective Date</u> below, and the parties agree that payments for any obligations incurred prior to the <u>Effective Date</u> are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.						
CONTRACT END DATE: Contract performance shall terminate as of <u>June 30th, 2018</u> with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.						
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07. Incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: X: X: X: X: X: X: X: X:						

(Updated 1/4/2018) Page 1

City Solicitor

Approved for legal form:

WH.

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.fildss.gov/osc under Goldance For Vendors - Forms of www.midss.gov/os					
CONTRACTOR LEGAL NAME: TOWN OF WRENTHAM		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD			
Legal Address: (W-9, W-4,T&C):		Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108			
79 SOUTH ST WRENTHAM MA 02093-1526 Contract Manager: Janet A. Angelico		Billing Address (if different):			
E-Mail: angelico@wrentham.ma.us		Contract Manager: Stacey O'Connell			
	Fax:		E-Mail: Stacey.O'Connell@MassMail.state.ma.us		
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 6 8		Phone:1-617-222-	7419	Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.		MMARS Doc ID(s)	MMARS Doc ID(s): FY18COAWrentham00000		
Note: The Address Id Must be set up for <u>EFT</u> paymen	nts.)	RFR/Procurement	RFR/Procurement or Other ID Number: Grant Award		
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (Includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget) The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract. X Commonwealth Terms and Conditions — Commonwealth Terms and Conditions For Human and Social Services. COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.					
Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$19,914.00 PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.) BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Further may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2016; 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:					
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: (Signature and Date Must Be Handwritten At Time of Signature) Print Name: Print Name: Print Title: Y: (Signature and Date Must Be Handwritten At Time of Signature)					

(Updated 1/4/2018) Page 1

2, 1,⁷/6