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

www.mass.gov/osc under Guigance For Vehicots - Forms or www.mass.gov/os	
CONTRACTOR LÈGAL NAME: TOWN OF BELLINGHAM	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
10 MECHANIC ST BELLINGHAM MA 02019-3150	Dilling Address (if differently
Contract Manager: Carolyn Roycroft	Billing Address (if different):
E-Mail: croycroft@bellinghamma.org	Contract Manager: Stacey O'Connell
Phone: 508-966-0398; Fax:	E-Mail: Stacey.O'Conneil@MassMail.state.ma.us Phone:1-517-222-7419
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 1 5	
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COABellingham000
Note: The Address Id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	CONTRACT AMENDMENT Enter Current Contract End Date Prior to Amendment:, 20
Statewide Contract (OSD or an OSD-designated Department)	Enter Amendment Amount: \$ (or "no change")
Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes State or Federal grants 815 CMR 2.00)	AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)
(Attach RFR and Response or other procurement supporting documentation)	Amendment to Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Emergency Contract (Attach justification for emergency, scope, budget)	Contract Employee (Attach any updates to scope or budget)
Contract Employee (Attach Employment Status Form, scope, budget) X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget)	Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)
The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been exec	uted, filed with CTR and is incorporated by reference into this Contract. Conditions For Human and Social Services.
X Continority card Torrio and Torrio	thorized performance accepted in accordance with the terms of this Contract will be supported
identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued to 30 days % PPD. If PPD percentages are left blank, identify reason: X agree to standard error of the payment (subsequent payment scheduled to support standard EFT 45 day payment cyc	s, conditions of terms and any changes in ales of terms are being amended. § 27,506.35 gh EFT 45 days from invoice receipt. Contractors requesting accelerated payments must within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within dard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial le. See Prompt Pay Discounts Policy.)
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDM the municipalities of the Commonwealth. The award amount is determined by a census-identified in the annually published COA Formula Grant Guide. The activity performance report accounting for how these grant funds were applied. Ongoing eligibility for formula	ENT: This contract is to locally distribute a formula grant award to the Councils on Aging or based allocation of available grant funding. Funds may support Council on Aging activities as period for this award is 7/1/2017 – 6/30/2018. The municipality will complete a final fiscal grant funding is contingent on satisfactory prior year performance.
ANTICIPATED START DATE: (Complete ONE option only) The Department and Con	tractor certify for this Contract, or Contract Amendment, that Contract obligations:
1 may be incurred as of the Effective Date (latest signature date below) and no obli-	gations have been incurred <u>prior t</u> o the <u>Effective Date</u> .
2. may be incurred as of, 20, a date LATER than the <u>Effective Date</u> below,	and the parties agree that payments for any obligations incurred prior to the <u>Effective</u> and the parties agree that payments for any obligations incurred prior to the <u>Effective</u> sement payments, and that the details and circumstances of all obligations under this ver releases the Commonwealth from further claims related to these obligations.
CONTRACT END DATE: Contract performance shall terminate as of <u>June 30th, 20</u> amended, provided that the terms of this Contract and performance expectations and for completing any negotiated terms and warranties, to allow any close out or transition amendments.	18 with no new obligations being incurred after this date unless the Contract is properly dispute, or dispute, or dispute, n performance, reporting, invoicing or final payments, or during any lapse between
Amendment has been executed by an authorized signatory of the Contractor, the Dep approvals. The Contractor makes all certifications required under the attached Contractor penalties of perjury, agrees to provide any required documentation upon request to subusiness in Massachusetts are attached or incorporated by reference herein according Conditions, this Standard Contract Form including the Instructions and Contractor Conditions.	e "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or partment, or a later Contract or Amendment Start Date specified above, subject to any required tractor Certifications (incorporated by reference if not attached hereto) under the pains and apport compliance, and agrees that all terms governing performance of this Contract and doing to the following hierarchy of document precedence, the applicable Commonwealth Terms and ertifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, excedence over the relevant terms in the RFR and the Contractor's Response only if made using led RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: Date: (Signature and Date Must Be Handwritten At Time of Signature) 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 tetters, 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/c	osd under OSD Forms.
CONTRACTOR LEGAL NAME:	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs
TOWN OF BERKLEY	MMARS Department Code: ELD
Legal Address: (W-9, W-4,T&C); I N MAIN ST BERKLEY MA 02779-1336	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
Contract Manager: Donna L. Benoît	Billing Address (if different):
E-Mail: councilonaging@berkleyma.us	Contract Manager: Stacey O'Connell
Phone: 508-821-3105 Fax:	E-Mail: Stacey,O'Connell@MassMail.state.ma.us
Contractor Vendor Code: V C 5 0 0 0 1 9 1 7 1 9	Phone:1-817-222-7419 Fax: 1-617-727-9368
Vendor Code Address ID (e.g. "AD001"); AD001.	MMARS Doc (D(s): FY18COABerkley000000
Note: The Address Id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award
X NEW CONTRACT	CONTRACT AMENDMENT
PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, 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.)
Department Procurement (includes State or Federal grants 815 CMR Z.09)	Amendment to Scope or Budget (Attach updated scope and budget)
(Attach RER and Response or other procurement supporting documentation)	Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Emergency Contract. (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget)	Contract Employee (Attach any undates to scope or budget)
X Legislative/Legal or Other: (Attach authorizing language/justification,	Legislative/Legal or Other: (Attach authorizing language/justification and updated scope
herdons	and budget)
The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been ex- X. Commonwealth Terms and Conditions Commonwealth Terms and	Conditions For Human and Social Services.
identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued 30 days % PPD. If PPD percentages are left blank, identify reason: X agree to she payment (subsequent payments scheduled to support standard EFT 45 day payment (subsequent payments scheduled to support standard EFT 45 day payment of the municipalities of the Commonwealth. The award amount is determined by a censu identified in the annually published COA Formula Grant Gulde. The activity performant report accounting for how these grant funds were applied. Ongoing eligibility for formulant in the annually published COA Formula Grant Gulde. The activity performant report accounting for how these grant funds were applied. Ongoing eligibility for formulant in the payment of the payment and Coat in the contract of the payment of as authorized elipter as a contract of the payment of as authorized reinty to the payment of as authorized reinty the contract. Accordance of payments for the contract of the payment of the payments of as authorized feight.	ough EFT 45 days from invoice receipt. Contractors requesting accelerated payments must d within 15 days. % PPD; Payment issued within 20 days. % PPD; Payment issued within 20 days. % PPD; Payment issued within andard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial yole. See Promot Pay Discounts Policy.) MENT: This contract is to locally distribute a formula grant award to the Councils on Aging of s-based allocation of available grant funding. Funds may support Council on Aging activities as ce period for this award is 7/1/2017 – 6/30/2018. The municipality will complete a final fiscal a grant funding is confingent on satisfactory prior year performance. Intractor certify for this Contract, or Contract Amendment, that Contract obligations: bilgations have been incurred prior to the Effective Date. W, and the parties agree that payments for any obligations incurred prior to the Effective under this grayer releases the Commonwealth from further claims related to these obligations.
The second secon	3048 with no new oblinations bound incliffed 2001 tills tills tills tills at College to Stopping
amended, provided that the terms of this Contract and performance expectations a for completing any negotiated terms and warranties, to allow any close out or transit amendments:	tion performance, reporting, invoicing or final payments, or during any lapse between
Amendment has been executed by an authorized signatory of the Contractor, the L approvals. The Contractor makes all certifications required under the attached C penalties of perjury, agrees to provide any required documentation upon request to business in Massachusetts are attached or incorporated by reference herein accord Contractor with Standard Contract Form including the Instructions and Contractor	the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Department, or a later Contract or Amendment Start Date specified above, subject to any required contractor Certifications (incorporated by reference if not attached hereto) under the pains and support compliance, and agrees that all terms governing performance of this Contract and doing ling to the following hierarchy of document precedence, the applicable Commonwealth Terms and Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, precedence over the relevant terms in the RFR and the Contractor's Response only if made using unded RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: (Signature and Date times Be Handwritten Af Time of Signature)

(Updated 1/4/2018) Page 1

6.A

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

WWW.III255.gov/osc under gordande not ven	dols - Funis Of www.mass.govo	ad dilate (000 1 cimo)	<u></u>
CONTRACTOR LEGAL NAME: FOWN OF CHESTERFIELD	<u>-</u>	COMMONWEALTH DEPARTMENT NAME:	Executive Office of Elder Affairs
Legal Address: (W-9, W-4,T&C):		MMARS Department Code: ELD Business Mailing Address: 1 Ashburton F	Place Room 517, Boston, MA 02108
22 MAIN RD CHESTERFIELD MA 01012-9708			
Contract Manager: Jan Gibeau		Billing Address (if different):	
E-Mail: coa@townofchesterfield.com	<u> </u>	Contract Manager: Stacey O'Connell	
	Fax:	E-Mail: Stacey.O'Connell@MassMail.state.	
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 5 1		Phone:1-617-222-7419	Fax: 1-617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD001.		MMARS Doc D(s): FY 18 COA Cheste	
Note: The Address Id Must be set up for <u>EFT</u> paymer	(8.)	RFR/Procurement or Other ID Number: Gra	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one Statewide Contract (OSD or an OSD-designated Depa Collective Purchase (Atlach OSD approval, scope, bu Department Procurement (Includes State or Federal g (Atlach RFR and Response or other procurement supp Emergency Contract (Atlach Justification for emergen Contract Employee (Atlach Employment Status Form, X Legislative/Legal or Other: (Atlach authorizing las scope and budget The following COMMONWEALTH TERMS AND CO X Commonwealth Terms and Conditions	artment) dget) rants 816 CMR 2.00) orting documentation) cy, scope, budget) scope, budget) nguage/justification, NDITIONS (T&C) has been exer	Enter Current Contract End Date <u>Prior</u> to Ar Enter Amendment Amount: \$	or 'no change") nly. Attach details of Amendment changes.) plated scope and budget) im Contract and updated scope/budget) scope or budget) ng language/justification and updated scope
COMPENSATION: (Check ONE option): The Departr in the state accounting system by sufficient appropriat Rate Contract (No Maximum Obligation. Attach of X. Maximum Obligation Contract. Enter Total Maximum Obligation Contract. Enter Total Maximum Obligation Contract. Enter Total Maximum Obligation Contract. (PPD): Commonwidentify a PPD as follows: Payment issued within 10 of 30 days. % PPD. If PPD percentages are left blank, payment (subsequent payments scheduled to supports	ions or other non-appropriated fun etails of all rates, units, calculation num Obligation for total duration of realth payments are issued throu lays % PPD; Payment issued of identify reason; X agree to star	ids, subject to Intercept for Commonwealth ower is, conditions or terms and any changes if rates of this Contract (or new Total if Contract is being igh <u>EFT</u> 45 days from invoice receipt. Contract within 15 days % PPD; Payment Issued with ident 45 day cycle statutory/legal or Ready Pa	d debts under 815 CMR 9.00, or terms are being amended.) amended). \$4.968.95 fors requesting accelerated payments must in 20 days % PPD; Payment issued within
BRIEF DESCRIPTION OF CONTRACT PERFORMANT the municipalities of the Commonwealth. The award an identified in the annually published COA Formula Grant report accounting for how these grant funds were applied.	nount is determined by a census- Guide. The activity performance	based allocation of available grant funding. Fun- period for this award is 7/1/2017—6/30/2018. T	ds may support Council on Aging activities as The municipality will complete a final fiscal
ANTICIPATED START DATE: (Complete ONE option	n only) The Department and Con	tractor certify for this Contract, or Contract Amen	dment, that Contract obligations:
1, may be incurred as of the Effective Date (latest	signature date below) and <u>no</u> obli	gations have been incurred <u>prior</u> to the <u>Effective</u>	<u>⇒ Date</u> .
	RIOR to the <u>Effective Date</u> below, syments or as authorized reimburs ct. Acceptance of payments fore	and the parties agree that payments for any oble sement payments, and that the details and circur wer releases the Commonwealth from further del	igations incurred prior to the <u>Effective</u> nstances of all obligations under this ims related to these obligations.
CONTRACT END DATE: Contract performance shat amended, provided that the terms of this Contract ar for completing any negotiated terms and warranties, t amendments.	nd performance expectations and	l obligations shall survive its termination for the	purpose of resolving any claim or dispute,
CERTIFICATIONS: Notwithstanding verbal or other Amendment has been executed by an authorized sign approvals. The Contractor makes all certifications or	matory of the Contractor, the Der	partment, or a later Contract or Amendment Sta	rt Date specified above, subject to any required

(Updated 1/4/2018) Page 1

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MANAGEROS GOLDON CONTROL OF ACT ACT	12010 COINE OF PRESENTATION	ou direct out the state		
CONTRACTOR LEGAL NAME: TOWN OF CLARKSBURG		COMMONWEALTH DI MMARS Department (Executive Office of Elder Affairs
Legal Address; (W-9, W-4,T&C);				lace Room 517, Boston, MA 02108
11 RIVER RD CLARKSBURG MA 01247-2147 Contract Manager: Lily M. Kuzia		Billing Address (if diff	ferent):	
E-Mail: coeclarksburg@verizon.net		Contract Manager: S		
	Fax:	E-Mail: Stacey.O'Con	<u> </u>	ma us
Contractor Vendor Code: V C 6000191753	1 800	Phone:1-617-222-741		Fax: 1-617-727-9368
Vendor Code Address ID (e.g. "AD001"); AD001.	······································	MMARS Doc ID(s): F		<u> </u>
Note: The Address Id Must be set up for EFT payme	nts.)	RFR/Procurement or		
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check on Statewide Contract (OSD or an OSD-designated Depr	• ••	Enter Current Contrac	CONTRACT	AMENDMENT nendment:, 20
Collective Purchase (Attach OSD approval, scope, but	dget)			ly. Attach details of Amendment changes.)
<u>Department Procurement</u> (includes State or Federal of (Attach RFR and Response or other procurement supp			•	dated scope and budget)
Emergency Contract (Attach justification for emergen	cy, scope, budget)	Interim Contract (Atta	ch justification for Interir	m Contract and updated scope/budget)
Contract Employee (Attach Employment Status Form X Legislative/Legal or Other: (Attach authorizing la scope and budget			Attach any updates to so <u>Other: (</u> Attach authorizin	cope or budget) ng languege/justification and updated scope
The following COMMONWEALTH TERMS AND COX Commonwealth Terms and Conditions	NDITIONS (T&C) has been exec Commonwealth Terms and (Herence into this Contract.
COMPENSATION: (Check ONE option): The Departin the state accounting system by sufficient appropriated Rate Contract. (No Maximum Obligation. Attach of X. Maximum Obligation Contract. Enter Total Maximum Obligation Contract. Enter Total Maximum Obligation. Solvent State Office State Office State Office State Office Office State Office Of	ions or other non-appropriated fun letails of all rates, units, calculation mum Obligation for total duration of vealth payments are issued throu days % PPD; Payment issued to	ds, subject to intercept for as, conditions or terms and of this Contract (or new Youngh EFT 45 days from in- within 15 days % PPD	r Commonwealth owed d any changes if rates o otal if Contract is being a voice receipt. Contracto b; Payment issued within	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, payment (subsequent payments scheduled to support	standard EFT 45 day payment cyc	le. See <u>Prompt Pay Disco</u>	ounts Policy.)	
BRIEF DESCRIPTION OF CONTRACT PERFORMANT THE MUNICIPAL STATE OF THE COMMONWEARTH. THE AWARD AND THE MUNICIPAL STATE OF THE MUNICIPAL STAT	mount is determined by a census- I Guide. The activity performance	based allocation of availal period for this award is 7/	ble grant funding. Fund /1/2017 – 6/30/2018. Ti	is may support Council on Aging activities as he municipality will complete a final fiscal
ANTICIPATED START DATE: (Complete ONE option	on only) The Department and Con	iractor certify for this Cont	ract, or Contract Amend	iment, that Contract obligations:
1. may be incurred as of the Effective Date (latest				
	RiOR to the <u>Effective Date</u> below, syments or as authorized reimburs	and the parties agree that ement payments, and that	it payments for any obliq it the details and circum	gations incurred prior to the <u>Effective</u> istances of all obligations under this
CONTRACT END DATE: Contract performance shall amended, provided that the terms of this Contract are for completing any negotiated terms and warranties, amendments.	nd performance expectations and	obligations shall survive	its termination for the	purpose of resolving any claim or dispute,
CERTIFICATIONS: Notwithstanding verbal or other Amendment has been executed by an authorized significations of penalties of perjury, agrees to provide any required business in Massachusetts are attached or incorpora Conditions, this Standard Contract Form including its and additional negotiated terms, provided that additional negotiated terms, provided that additional process outlined in 801 CMR 21.07, incorporated AUTHORIZING SIGNATURE FOR THE CONTRACT X: (Signature and Date Must Be Handwritten At Time Print Name: CABL W. MCKURP Print Title: TOWN ACCOUNTS AND ACCOUNTS	gnatory of the Contractor, the Dependent under the attached Condocumentation upon request to suited by reference herein according the Instructions and Contractor Cemain negotiated terms will take prediction, provided that any amend FOR: Date: 3-5-24/8 of Signature)	partment, or a later Contra tractor Certifications (Inox apport compilance, and ap to the following hierarch; crifications, the Request cedence over the relevan ed RFR or Response term AUTAGRIZING SIO X:	act or Amendment Start orporated by reference grees that all terms gov y of document preceder for Response (RFR) or it terms in the RFR and ns result in best value, i GNATURE FOR THE C	t Date specified above, subject to any required if not atfached hereto) under the pains and reming performance of this Contract and doing nce, the applicable <u>Commonwealth Terms and</u> rother solicitation, the Contractor's Response, I the Contractor's Response only if made using lower costs, or a more cost effective Contract.
		<u> </u>	- 141 (" 1 1 1 1	

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. www.filass.gov/osc affact Galagrice	Of Verigora - Forms of West indebugo	7000 under OED 7 orrite.	
CONTRACTOR LEGAL NAME:			ARTMENT NAME: Executive Office of Elder Affairs
TOWN OF CONWAY		MMARS Department Cor	
<u>Legal Address: (W-9, W-4,T&C):</u> PO BOX 240 CONWAY MA 01341-0240		Business Mailing Addre	ess: 1 Ashburton Place Room 517, Boston, MA 02108
Contract Manager: Patricia Ann Lynch		Billing Address (if differ	rent):
E-Majl: patricialynch@earthlink.net		Contract Manager: Stac	cey O'Connell
Phone: 413-369-4284	Fax:	E-Mail: Stacey.O'Conne	eil@MassMail.state.ma.us
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 5	9	Phone:1-617-222-7419	Fax: 1-617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD		MMARS Doc ID(s): FY	18COAConway0000000
Note: The Address Id Must be set up for EFT		RFR/Procurement or Oti	her ID Number: Grant Award
X_Commonwealth Terms and Conditions COMPENSATION: (Check ONE option): The in the state accounting system by sufficient ap Rate Contract (No Maximum Obligation. X_Maximum Obligation Contract Enter To PROMPT PAYMENT DISCOUNTS (PPD): Contract of the payment issued with the property of the payment is supplyed with the payment is supply	ad Department) ope, budget) ederal grants 815 CMR 2.00) nt supporting documentation) mergency, scope, budget) s Form, scope, budget) tizing language/justification, AND CONDITIONS (T&C) has been ex Commonwealth Terms an Department certifies that payments for propriations or other non-appropriated Attach details of all rates, units, calcular all Maximum Obligation for total duration commonwealth payments are issued the	Enter Amendment Amou AMENDMENT TYPE: (CI Amendment to Scope o Interim Contract (Attach Contract Employee (Atta Legislative/Legal or Oth and budget) Recuted, filed with CTR and if d Conditions For Human and S authorized performance accept funds, subject to intercept for Ci ions, conditions or terms and a n of this Contract (or new Tota rough EFT 45 days from invoid within 15 days % PPD: F	oted in accordance with the terms of this Contract will be supported Commonwealth owed debts under 815 CMR 9.00. any changes if rates or terms are being amended.) al if Contract is being amended). \$3,876,75 since receipt. Contractors requesting accelerated payments must Payment issued within 20 days % PPD; Payment issued within
payment (subsequent payments scheduled to s BRIEF DESCRIPTION OF CONTRACT PERF the municipalities of the Commonwealth. The a identified in the annually published COA Formu report accounting for how these grant funds we ANTICIPATED START DATE: (Complete O	upport standard EFT 45 day payment of the property of the prop	cycle. See Prompt Pay Discour PMENT: This contract is to local is-based allocation of available ice period for this award is 7/1/1 la grant funding is contingent of contractor certify for this Contral abligations have been incurred elow and no obligations have in	ally distribute a formula grant award to the Councils on Aging of e grant funding funds may support Council on Aging activities as /2017 6/30/2017 The municipality will complete a final fiscal on satisfactory prior year performance. act, or Contract Amendment, that Contract obligations: prior to the Effective Date. been incurred prior to the Effective Date.
X 3. were incurred as of <u>July 1st, 2017</u> , a <u>Date</u> are authorized to be made either as settle Contract are attached and incorporated into thi	a date PRIOR to the <u>Effective Date</u> beloment payments or as authorized reimb s Contract. Acceptance of payments for	ow, and the parties agree that pursement payments, and that in Frever releases the Commonwe	payments for any obligations incurred prior to the Effective the details and circumstances of all obligations under this eaith from further claims related to these obligations.
CONTRACT END DATE: Contract performal amended, provided that the terms of this Co for completing any negotiated terms and warr amendments.	nce shall terminate as of <u>June 30th,</u> ntract and performance expectations anties, to allow any close out or trans	2018 with no new obligations land obligations shall survive it tion performance, reporting, in	being incurred after this date unless the Contract is properly ts termination for the purpose of resolving any claim or dispute, nvoicing or final payments, or during any lapse between
Amendment has been executed by an author approvals. The Contractor makes all certific penalties of perjury, agrees to provide any rebusiness in Massachusetts are attached or in Conditions, this Standard Contract Form inc	nized signatory of the Contractor, the lations required under the attached or quired documentation upon request to incorporated by reference herein accornate additional negotiated terms will take imporated herein, provided that any amount and contractors. **Date: 2/111.** At Time of Signature)	Department, or a later Contract Contractor Certifications (incorport compliance, and agriling to the following hierarchy Certifications, the Request for precedence over the relevant and RFR or Response terms AUTHORIZING SIGN X:	Contract or Amendment shall be the latest date that this Contract or ct or Amendment Start Date specified above, subject to any required prorated by reference if not attached hereto) under the pains and rees that all terms governing performance of this Contract and doing of document precedence, the applicable Commonwealth Terms and or Response (RFR) or other solicitation, the Contractor's Response, terms in the RFR and the Contractor's Response only if made using is result in best value, lower costs, or a more cost effective Contract. **INATURE FOR THE COMMONWEALTH:** **Date:** **Date:** **Just Be Handwritter At Time of Signature) **Just Be Handwritter 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/osd under OSD Forms.

WWW.mass.gov/osc diluter Obligance For Ve	HOOLS - LOUIS OF MAN TIPS 2'GOAL	oso unidei <u>oso foinis</u> .	
CONTRACTOR LEGAL NAME: TOWN OF DENNIS			ENT NAME: Executive Office of Elder Affairs
		MMARS Department Code: EL	
<u>Legal Address:</u> (W-9, W-4,T&C): 485 MAIN ST SOUTH DENNIS MA 02660-3600		Business Mailing Address: 1	Ashburton Place Room 517, Boston, MA 02108
Contract Manager: Taylor Cobb		Billing Address (if different):	
E-Mail: dthompson@town.dennis.ma.us		Contract Manager: Stacey O'C	Connell
<u>Phone</u> : 508-385-5067	Fax:	E-Mail: Stacey.O'Connell@Ma	ssMail.state.ma.us
Contractor Vendor Code: V C 6000191768	-	Phone:1-617-222-7419	Fax: 1-617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD001.		MMARS Doc ID(s): FY18CC)ADennis0000000
Note: The Address Id Must be set up for <u>EFT</u> payme	nts.)	RFR/Procurement or Other ID N	Number: Grant Award
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check on Statewide Contract (OSD or an OSD-designated Dep Collective Purchase (Attach OSD approval, scope, but Department Procurement (includes State or Federal (Attach RFR and Response or other procurement supp Emergency Contract (Attach justification for emerger Contract Employee (Attach Employment Status Form X Legislative/Legal or Other; (Attach authorizing la scope and budget The following COMMONWEALTH TERMS AND COX Commonwealth Terms and Conditions COMPENSATION: (Check ONE option): The Depart	artment) idget) grants 815 CMR 2.00) iorling documentation) icy, scope, budget) , scope, budget) inguage/justification, ONDITIONS (T&C) has been exec	Enter Current Contract End Dat Enter Amendment Amount: \$ AMENDMENT TYPE: (Check or Amendment to Scope or Budg Interim Contract (Attach justifica Contract Employee (Attach any Legislative/Legal or Other: (Atta and budget) suted, filed with CTR and is incorportations For Human and Social St	ne option only. Attach details of Amendment changes.) et (Attach updated scope and budget) ation for Interim Contract and updated scope/budget) updates to scope or budget) ach authorizing language/justification and updated scope porated by reference into this Contract.
in the state accounting system by sufficient appropriat Rate Contract (No Maximum Obligation. Attach of X. Maximum Obligation Contract. Enter Total Maxi PROMPT PAYMENT DISCOUNTS (PPD): Common	iions or other non-appropriated fun letails of all rates, units, calculatior mum Obligation for total duration or wealth payments are issued throu days % PPD; Payment issued wat identify reason: X agree to stan	ds, subject to intercept for Common is, conditions or terms and any char of this Contract (or new Total if Contract (or ne	wealth owed debts under 815 CMR 9.00. Inges if rates or terms are being amended.) Iract is being amended). \$57,159.67 Injet. Contractors requesting accelerated payments must to its sued within 20 days W PPD; Payment Issued within 20 facelerated payments must to read within 20 facelerated payments (GL. c. 29. \$ 23A); only initial
BRIEF DESCRIPTION OF CONTRACT PERFORMANT the municipalities of the Commonwealth. The award an identified in the annually published COA Formula Gran report accounting for how these grant funds were applied ANTICIPATED START DATE: (Complete ONE optice)	ICE or REASON FOR AMENDM mount is determined by a census-t t Guide. The activity performance ad. Ongoing eligibility for formula on on only) The Department and Cont	ENT: This contract is to locally distri- pased allocation of available grant period for this award is 7/1/2016—6 grant funding is confingent on satisfa ractor certify for this Contract, or Co	bute a formula grant award to the Councils on Aging of unding. Furthernay support Council on Aging activities as 5/30/2016 The municipality will complete a final fiscal actory prior year performance. Intract Amendment, that Contract obligations:
1. may be incurred as of the <u>Effective Date</u> (latest2. may be incurred as of, 20, a date L.X_3. were incurred as of1 2017, a date P	ATER than the <u>Effective Date</u> below, RIOR to the <u>Effective Date</u> below, syments or as authorized reimburs ct. Acceptance of payments forev	w and <u>no</u> obligations have been inc and the parties agree that payments ement payments, and that the detail er releases the Commonwealth fron	curred <u>prior</u> to the <u>Effective Date</u> . s for any obligations incurred prior to the <u>Effective</u> is and circumstances of all obligations under this in further claims related to these obligations.
CONTRACT END DATE: Contract performance shall amended, provided that the terms of this Contract are for completing any negotiated terms and warranties, transnorments.	nd performance expectations and	obligations shall survive its termina	ation for the purpose of resolving any claim or dispute.
Amendment has been executed by an authorized sig approvals. The Contractor makes all certifications of penalties of perjury, agrees to provide any required of business in Massachusetts are attached or incorpora Conditions, this Standard Contract Form including the and additional negotiated terms, provided that addition the process outlined in 801 CMR 21.07, incorporated AUTHORIZING SIGNATURE FOR THE CONTRACT X: (Signature and Date Must Be Handwritten At Time	inatory of the Contractor, the Depaquired under the attached Cont locumentation upon request to suited by reference herein according se instructions and Contractor Cenal negotiated terms will take preciberein, provided that any amende OR: Date: of Signature)	artment, or a later Contract or Ameractor Certifications (incorporated toport compliance, and agrees that is to the following hierarchy of docum diffications, the Request for Responsedence over the relevant terms in the RFR or Response terms result in AUTHORIZING SIGNATURE	or Amendment shall be the latest date that this Contract or indment Start Date specified above, subject to any required by reference if not attached hereto) under the pains and all terms governing performance of this Contract and doing nent precedence, the applicable Commonwealth Terms and see (RFR) or other solicitation, the Contractor's Response, the RFR and the Contractor's Response only if made using best value, lower costs, or a more cost effective Contract. FOR THE COMMONWEALTH: Date: 3 - 12 - 18 Handwritten Al Time of Signature)

(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.

www.mass.gov/osc under Guiganca For Ve	Idols - Politis of Www.trass.gov/c	sa under <u>OSD Forms</u>	•		
CONTRACTOR LEGAL NAME: TOWN OF EDGARTOWN				Executive Office of Elder Affairs	
		MMARS Departme			
Legal Address: (W-9, W-4,T&C): 70 MAIN ST EDGARTOWN MA 02539-8238		Business Mailing	Address: 1 Ashburton F	lace Room 517, Boston, MA 02108	
Contract Manager: Paul Mohair		Billing Address (if	different):		
E-Mail; pmoheir@edgartown-ma.us		Contract Manager	: Stacey O'Connell		
Phone: 508-627-4368	Fax:	E-Mail: Stacey.0'	Connell@MassMail.state.	ma.us	•
Contractor Vendor Code: V C 6000191784		Phone:1-617-222-7	7419	Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"); AD001.		MMARS Doc ID(s):	FY18COAEdgart	own0000	۰
Note: The Address ld Must be set up for <u>EFT</u> payme	nts.)	RFR/Procurement	or Other ID Number: Gra	nt Award	٠
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check on Statewide Contract (OSD or an OSD-designated Dep Collective Purchase (Altach OSD approval, scope, but Department Procurement (includes State or Federal (Altach RFR and Response or other procurement supplemented (Altach RFR and Response or other procurement supplemented (Altach Employment Status Form X Legislative/Legal or Other. (Altach authorizing tescope 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. Altach of X Maximum Obligation Contract Enter Total Maximum PROMPT PAYMENT DISCOUNTS (PPD): Commonidentify a PPD as follows: Payment issued within 10	ariment) idget) grants 815 CMR 2.00) porting documentation) acy, scope, budget) , scope, budget) anguage/justification, ONDITIONS (T&C) has been exec Commonwealth Terms and (ment certifies that payments for autions or other non-appropriated fundetails of all rates, units, calculation mum Obligation for total duration of wealth payments are issued through	Enter Amendment AMENDMENT TYF Amendment to So Interim Contract (/ Contract Employe Legislative/Legal c and budget) auted, filed with CTR Conditions For Human thorized performance ds, subject to intercep s, conditions or terms of this Contract (or new gh EFT 45 days from	tract End Date <u>Prior</u> to An Amount: \$	or "no change") ily. Attach details of Amendment changes.) dated scope and budget) im Contract and updated scope/budget) cope or budget) ing 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), \$9,302.00 pors requesting accelerated payments must	-
30 days % PPD. If PPD percentages are left blank, payment (subsequent payments scheduled to support: BRIEF DESCRIPTION OF CONTRACT PERFORMAL the municipalities of the Commonwealth. The award a identified in the annually published COA Formula Gran report accounting for how these grant funds were appli	identify reason: X agree to stan standard EFT 45 day payment cyc NCE or REASON FOR AMENDM mount is determined by a census-t t Guide. The activity performance	dard 45 day cycle st e. See <u>Prompt Pay Di</u> <u>ENT:</u> This contract is to pased allocation of ava period for this award is	atutory/iegal or Ready Pay iscounts Policy.) to locally distribute a formul allable grant funding. Fund s 7/1/2017 – 6/30/2018. TI	ments (G.L. c. 29, § 23A); only initial a grant award to the Councils on Aging of s may support Council on Aging activities as ne municipality will complete a final fiscal	
ANTICIPATED START DATE: (Complete ONE option					
1. may be incurred as of the Effective Date (latest	**	· ·		•	
	ATER than the <u>Effective Date</u> below, RIOR to the <u>Effective Date</u> below, syments or as authorized relimburs act. Acceptance of payments forev	w and <u>no</u> obligations to and the parties agree ement payments, and er releases the Comm	nave been incurred <u>prior</u> to that payments for any obliq that the details and circum nonwealth from further clair	o the <u>Effective Date</u> , pations incurred prior to the <u>Effective</u> stances of all obligations under this ns related to these obligations.	
CONTRACT END DATE: Contract performance shall amended, provided that the terms of this Contract at for completing any negotiated terms and warranties, amendments.	nd performance expectations and	obligations shall surv	ive its termination for the	purpose of resolving any claim or dispute,	•
CERTIFICATIONS: Notwithstanding verbal or other Amendment has been executed by an authorized significant approvals. The Contractor makes all certifications of penalties of perjury, agrees to provide any required abusiness in Massachusetts are attached or incorpora Conditions, this Standard Contract Form including the process outlined in 801 CMR 21.07, incorporated AUTHORIZING SIGNATURE FOR THE CONTRACT X: (Signature and Date Must Be Handwritten at Time Print Name: Authorizing Signature and Date Must Be Handwritten at Time Print Name: Authorizing Signature and Date Must Be Handwritten at Time Print Name: Authorizing Signature and Date Must Be Handwritten at Time Print Name: Authorizing Signature and Date Must Be Handwritten at Time Print Name: Authorizing Signature and Date Must Be Handwritten at Time Print Title:	gnatory of the Contractor, the Dep equired under the attached Cont locumentation upon request to su ted by reference herein according the Instructions and Contractor Ce in the Instruction of the Instruct	artment, or a later Coractor Certifications (i pport compilance, and to the following hierar rifications, the Requested RFR or Response to AUTHORIZING X:	ntract or Amendment Start incorporated by reference if agrees that all terms gov richy of document preceder est for Response (RFR) or vant terms in the RFR and	Date specified above, subject to any required if not attached hereto) under the pains and enting 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. OMMONWEALTH: Date: Date: At Time of Signsture)	,
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(Updated 1/4/2018) Page 1

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CONTRACTOR LEGAL NAME:	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs
CITY OF EVERETT	MMARS Department Code: ELD
Legal Address: (W-9, W-4,T&C): 484 BROADWAY EVERETT MA 02149-3694	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
Contract Manager: Dale Palma	Billing Address (if different):
E-Mail: dale.palma@ci.everett.ma.us	Contract Manager: Stacey O'Connell
Phone: 617-394-2323 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 8 8	Phone:1-617-222-7419 Fax: 1-617-727-9368
Vendor Code Address ID (e.g. "AD001"); AD001.	MMARS Doc ID(s): FY18COAEverett000000
Note: The Address Id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award
COMPENSATION: (Check ONE option): The Department certifies that payments for at in the state accounting system by sufficient appropriations or other non-appropriated furate Contract (No Maximum Obligation. Attach details of all rates, units, calculation. Maximum Obligation Contract Enter Total Maximum Obligation for total duration. PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued throidentify a PPD as follows: Payment issued within 10 days. % PPD: Payment issued.	Conditions For Human and Social Services. Jithorized performance accepted in accordance with the terms of this Contract will be supported ands, subject to intercept for Commonwealth owed debts under 815 CMR 9,00. Ins, conditions or terms and any changes if rates or terms are being amended.) of this Contract (or new Total if Contract is being amended). \$36,984.47 Light EFT 45 days from invoice receipt. Contractors requesting accelerated payments must within 15 days % PPD: Payment issued within 20 days % PPD: Payment issue
payment (subsequent payments scheduled to support standard EFT 45 day payment cyc BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDM the municipalities of the Commonwealth. The award amount is determined by a census-	IENT: This contract is to locally distribute a formula grant award to the Councils on Aging of based allocation of available grant funding. Funds may support Council on Aging activities as period for this award is 7/1/2017 – 6/30/2018. The municipality will complete a final fiscal grant funding is contingent on satisfactory prior year performance.
	ow and <u>no</u> obligations have been incurred <u>prior</u> to the <u>Effective Data</u> , and the parties agree that payments for any obligations incurred prior to the <u>Effective</u> sement payments, and that the details and circumstances of all obligations under this ver releases the Commonwealth from further claims related to these obligations. 18 with no new obligations being incurred after this date unless the Contract is properly a obligations shall survive its termination for the number of resolving any claim or dispute
Amendment has been executed by an authorized signatory of the Contractor, the Dej approvals. The Contractor makes all certifications required under the attached Con penalties of perjury, agrees to provide any required documentation upon request to st business in Massachusetts are attached or incorporated by reference herein according Conditions, this Standard Contract Form including the Instructions and Contractor Co 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 partment, or a later Contract or Amendment Start Date specified above, subject to any required tractor Certifications (Incorporated by reference if not attached hereto) under the pains and upport compliance, and agrees that all terms governing performance of this Contract and doing to the following hierarchy of document precedence, the applicable Commonwealth Terms and entifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, cedence over the relevant terms in the RFR and the Contractor's Response only if made using ed RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X:

518/-

C/M

(Updated 1/4/2018) Page 1



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Selfate Self	www.mass.gov/osc under Guidance For Vendors - Forms_or www.mass.gov/o	sa under OSD Forms.
Easile Address (W4, W4, T&C); Business Mailing Address (# different);		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs
Self	TOWN OF FALMOUTH	MMARS Department Code: ELD
E-Mail: Joishop@finimouthmass.us Contractor Manager: Slacey O'Connell@MassMalt.triat.ma.us E-Mail: Stacey_O'Connell@MassMalt.triat.ma.us Vendor Code Address ID (e.g. "AD001"): AD001. Mote: The Address ID (e.g. "AD001"): AD001. Michael Stacey_O'Connell@MassMalt.triat.ma.us MMARS Doc IDIst: FY 18 C O A F a Im o u th 0 0 0 0 0 REFIPEROCUREMENT OF EXCEPTION TYPE: (Check one option only) Statewide Contract (SSD or an OSD-designated Department) Collective Purchase (March OSD gonzourane) at properties of the Contract		Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
Phone: 508-540-0196 Fax: EMail: Stacey,0*ConneligMassMail.state.ma.us Contractor Vender Code: V C 6 0 0 0 1 9 1 7 9 0 Phone: 1-617-722-7419 Fax: 1-617-727-9368 Mobi: The Address ID (e.g. *AD091*): AD091. Mobi: The Address ID (e.g. *AD091*): AD091. Mobi: The Address ID (e.g. *AD091*): AD091. MRRS Doc IDIX: FY 18 C O A F a I m ou th 10 0 9 0 0 REPURCOURTHAGT CONTRACT AMENDMENT AMENDMENT TYPE: (Check one option only). Attach details of Amendment changes Amendment Amount: \$	Contract Manager: Jill Irving Bishop	Billing Address (if different):
Phone: 508-540-0196 Fax: EMail: Stacey,0*ConneligMassMail.state.ma.us Contractor Vender Code: V C 6 0 0 0 1 9 1 7 9 0 Phone: 1-617-722-7419 Fax: 1-617-727-9368 Mobi: The Address ID (e.g. *AD091*): AD091. Mobi: The Address ID (e.g. *AD091*): AD091. Mobi: The Address ID (e.g. *AD091*): AD091. MRRS Doc IDIX: FY 18 C O A F a I m ou th 10 0 9 0 0 REPURCOURTHAGT CONTRACT AMENDMENT AMENDMENT TYPE: (Check one option only). Attach details of Amendment changes Amendment Amount: \$		
Contractor Vendor Code: V C 6 0 0 0 1 9 1 7 9 0 Phone:1-617-222-7419 Fax: 1-617-727-988		
MMARS Doc IDIS: FY 18 C O A Fall min out to 0 0 0 0		
Note: The Address Id Must be set up for EET payments.) REPIProcurement or Other ID Number: Grant Award X NEW CONTRACT Statewide Contract (OSD or an OSD-designated Department) Statewide Contract (OSD or an OSD-designated Department) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase, (Attach OSD approval, scope, budget) (Attach NETR and Response or other procurement supporting documentation) Emergency Contract (Altach justification for emaptory, scope, budget) (Attach NETR and Response or other procurement supporting documentation) Scope and budget The following collective (Altach justification for interior) scope, budget) Contract Employee (Altach Employment State Form, scope, budget) Ledislative Legal or Other: (Nathon almorbrizing insuguage)substitication, scope and budget Interior (Contract Employee (Altach amorbrizing insuguage)substitication, scope and budget The following COMMONWEALTH TERMS AND CONDITIONS (T3C) has been executed, filled 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 and work debts under 815 CMR 9.00. Rate Contract (No Maximum Obligation on that of the state of terms are being amended.) X. Maximum Obligation Contract in Emer Total Nationam Obligation in Charles State with the Total duration of this Contract for reviol Total Contract for sequesting accelerated payments must be defined by a PDP. Department seed with 10 days. SPPD-P perment issued with 10 da		
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Enter Current Contract End Date <u>Prior</u> to Amendment:		
Collective Purchase (Attach OSD approval; scope, budget) Papartment Procurement (Inothesis State or Federal grants §15 CMR 2.09) (Attach RTR and Response or other procurement supporting documentation) Emergency Contract. (Attach substitication for emergency, scope, budget) Contract Employee. (Attach Employee.) Contract Employee. (Attach authorizing language/justification, scope and budget) The following CoMMONWEALTH TERMS AND CONDITIONS. (T&C) has been executed. (Hed with CTR and is incorporated by reference into this Contract. COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract. COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract. COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract. Rate Contract (No Maximum Obligation. Attach details of all rates, units, aclusiations, conditions or ferms and any-chaegies are one paymented.) X Maximum Obligation. Contract: Enter Total Maximum Obligation to total duration of this Contract (or new Total if Contract is being amended.) \$19,5313.09 PROMPT EXYMET DISCOUNTS (PDP): Commonwealth payments are issued through ET! 45 days from invoice receipt. Contractors requesting accelerated payment (absence of the Commonwealth). The award amounts determined by a cersus-break within 15 days "% PPD. Payment issued within 10 days "% PPD; Payment issued within 10 days "% PPD; Payment issued within 10 days "% PPD; Payment issued within 10 days "% PPD. Payment issued within 10 days "% PPD; Payment issued within 10 days "%	PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20
Department Procurement (Includes State or Federal grants \$15 CMR 2.00) Adhath RR and Response or their procurement supporting documentation) Emergency Contract. (Altach justification for emergency, sope, budget) A. Legislativeit ead or Other: (Altach authorizing language/justification, scope and budget) A. Legislativeit ead or Other: (Altach 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. A. Commonwealth Terms and Conditions — Commonwealth Terms and Conditions or terms and appropriation or other non-appropriated funds, subject to intercept for Commonwealth were debts under 615 CMR 9.00. Rate Contract. (No Askirium Obligation. Altach defails of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) X. Maximum Obligation. Altach defails of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) X. Maximum Obligation Contract. Either Total Maximum Obligation for total duration of this Contract or new Total furbance has being amended.) X. Maximum Obligation. Payment issued within 10 days "PPD; Payment issued within 12 days "		•
Interim Contract (Attach justification for interim Contract and updated scope)budget)		
Contract Employee (Attach Employment Status Form, scope, budget) X_tegislative(Legal or Other: (Attach authorizing larguage)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 Terms and any charact (No Maximum Obligation. Attend details of all rates, sunits, calculations, conditions or terms and any charact (No Maximum Obligation. Attend details of all rates, sunits, calculations, conditions or terms and any chairs 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). \$105.313.00 RRIC Contract (No Maximum Obligation) In days RRIC Contract (No Maximum Obligation) In the support standard EFT 45 day payment (subsequent payments issued within 30 days RRIC Contract (No Maximum Obligation) In the support standard EFT 45 day payment (subsequent payments (subsequent payments standard EFT 45 day payment (subsequent payments (subsequent payments standard EFT 45 day payment (subsequent payments) In the support standard EFT 45 day payment (subsequent payments) In the support standard EFT 45 day payment (subsequent payments) In the support standard EFT 45 day payment (subsequent payments) In the support standard EFT 45 day payment (subsequent payments) In the support standard EFT 45 day payment (subsequent payments) In the support standard EFT 45 day payment (subsequent payments) In the support standard EFT 45 day payment (subsequent payments) In the support of the support Standard EFT 45 day payment (subsequent payments) In th		
X_Legislativef_eagl or Other (Attach authorizing language/justification, scope and budget) Legislativef_eagl or Other (Attach authorizing language/justification and updated 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		
The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract. Commonwealth Terms and Conditions Commonwealth Terms and Conditions Commonwealth Terms and Conditions 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, caculations, conditions or terms and any anges 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). \$105,313.00 PROMPT PAYMENT DISCOUNTS (PDI): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must dentify a PDD as follows: Payment issued within 15 days. % PPD Payment issued within 30 days. % PPD Payment issued within 3		
Compensation 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-appropriate 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 for new Total if Contract is being amended.) X. Maximum Obligation Contract. Enter Total Maximum Obligation for total duration of this Contract for new Total if Contract is being amended.) \$10,5313.00 PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT_45 days from invoice recipit. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days \$4 PPD. Brown of 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 MINIMIDIENT: 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. Furpilayes support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2073—6/30/20/35—6/30/20/35—6/30/20/35—6/30/20/35—6/30/20/35—6/30/20/35—6/30/20/35—6/30/20/35—6/30/20/35—6/30/20/35—6/30/20/35—6/30/20/35—6/30/20/35—6/30/20/35—6/30/20/35—6/30/20/35—6/30/20/35—	scope and budget	and budget)
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BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula-grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Fundamentally sublished COA Formula Grant Guide. The activity performance period for this award is 7/1/2016]—6/30/2012. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is confingent on satisfactory prior year performance. ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:	in the state accounting system by sufficient appropriations or other non-appropriated fun- Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculation X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 10 days % PPD. If PPD percentages are left blank, identify reason: X agree to standards.	ds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. s, conditions or terms and any changes if rates or terms are being amended.) f this Contract (or new Total if Contract is being amended). \$105,313.00 gh EFT 45 days from invoice receipt. Contractors requesting accelerated payments must within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within dard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial
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2. may be incurred as of	1. may be incurred as of the Effective Date (latest signature date below) and <u>no</u> oblig	ations 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 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. CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains a penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doi business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms a Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solici		
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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. CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains a penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract of the purpose of resolving penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract of the pains a Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated berein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contractor AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:		
amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments. CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains a penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doi business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms a Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made usi the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:		
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CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains a penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doi business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms a Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made usi the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:		performance, reporting, invoicing or final payments, or during any lapse between
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(Updated 1/4/2018) Page 1

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

www.ajiass.gov/osc under Gujuance no	i vendors - romis or www.mass.g	DVIOSO UNDER ODD PORIIS.	
CONTRACTOR LEGAL NAME: City of Lynn		COMMONWEALTH DEPARTMI MMARS Department Code: EL	ENT NAME: Executive Office of Elder Affairs
<u>Legal Address: (W-9, W-4,T&C):</u> 3 CITY HALL SQ STE 206 LYNN MA 01901-1028			Ashburton Place Room 517, Boston, MA 02108
Contract Manager: Stacey Minchello		Billing Address (If different):	
E-Mail: sminchello@glss.net		Contract Manager: Stacey O'C	Connell
Phone: 978-582-4166	Fax:	E-Mail: Stacey.O'Connell@Ma	
Contractor Vendor Code: V C 6000192109		Phone:1-617-222-7419	Fax: 1-617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD00	1.	MMARS Doc ID(s): FY18CC)ALynn00000000
Note: The Address Id Must be set up for <u>EFT</u> pa	yments.)	RFR/Procurement or Other ID N	Number: Grant Award
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Chec	k one option only)	© Enter Current Contract End Dat	CONTRACT AMENDMENT te Prior to Amendment: , 20 .
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$	
Collective Purchase (Attach OSD approval, scop		•	ne option only. Attach details of Amendment changes.)
<u>Department Procurement</u> (includes State or Feder (Attach RFR and Response or other procurement	erai grants 815 CIMM 2.00) supporting documentation)	Amendment to Scope or Budg	et (Attach updated scope and budget)
Emergency Contract (Attach justification for eme	ergency, scope, budget)	Interim Contract (Attach justifica	ation for Interim Contract and updated scope/budget)
Contract Employee (Attach Employment Status F X Legislative/Legal or Other: (Attach authorizi		Contract Employee (Attach any	updates to scope or budget)
scope and budget	ng languagerjusuncation,	and budget)	ach authorizing language/justification and updated scope
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payment (subsequent payments scheduled to sup BRIEF DESCRIPTION OF CONTRACT PERFOR the municipalities of the Commonwealth. The away	MANCE or REASON FOR AMEN	DMENT: This contract is to locally distri	☑-) ibute a formula grant award to the Councils on Aging of unding. Funds may support Council on Aging activities as
	Grant Guide. The activity performa	nce period for this award is 7/1/2017 - 6	6/30/2018. The municipality will complete a final fiscal
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2. may be incurred as of, 20, a da, 3. were incurred as of, 2017 , a da, a da	ate PRIOR to the <u>Effective Date</u> bel ant payments or as authorized reimi	ow, and the parties agree that payment oursement payments, and that the detai	ts for any obligations incurred prior to the <u>Effective</u> ils and circumstances of all obligations under this
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Amendment has been executed by an authorize approvals. The Contractor makes all certification penalties of perjury, agrees to provide any requibusiness in Massachusetts are attached or incontract Form including and additional negotiated terms, provided that are the process outlined in 801 CMR 21.07, incorporation of the contract For THE CONTRACT.	ed signatory of the Contractor, the cons required under the attached of the documentation upon request to the protection of the instructions and Contractor diditional negotiated terms will take rated herein, provided that any amount of the contractor of the contra	Department, or a later Contract or Ame Contractor Certifications (Incorporated a support compliance, and agrees that ding to the following hierarchy of docum Certifications, the Request for Respongate precedence over the relevant terms in anded RFR or Response terms result in	or Amendment shall be the latest date that this Contract or endment Start Date specified above, subject to any required by reference if not attached hereto) under the pains and all terms governing performance of this Contract and doing ment precedence, the applicable Commonwealth Terms and onse (RFR) or other solicitation, the Contractor's Response, the RFR and the Contractor's Response only if made using a best value, lower costs, or a more cost effective Contract. FOR THE COMMONWEALTH:
X: Mm M See (Signature and Date Must Be Handwritten At	Date: 3-9./8. Time of Signature)	17. (Phate: 3 20 // 8 e Handwritten At Time of Signature)
Print Title: Hayok	<u>. siec</u>	Print Name: Print Title:	the of A 7 gunting

(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/www.mass.gov/osc/www.mass.gov/osc/www.mass.gov/osc/www.mass.gov/osc/www.mass.gov/osc/www.mass.gov/osc/ under OSD Forms.

www.mass.goviosc under Guidance For Ver	GOTO TOTAL S. MITTHEWS		Proposition Office of Eigher Affaire
CONTRACTOR LEGAL NAME: CITY OF MELROSE		COMMONWEALTH DEPARTMENT NAME: MMARS Department Code: ELD	Executive Unice of Elder Affairs
Legal Address: (W-9, W-4,T&C): PO BOX 56 MELROSE MA 02176-0901		Business Mailing Address: 1 Ashburton I	Place Room 517, Boston, MA 02108
Contract Manager: Dawn Folopoulos		Billing Address (if different):	
E-Mail: dfolopoulos@cityofmelrose.org		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 1 1 6		Phone:1-617-222-7419	Fax: 1-617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD <u>001</u> .		MMARS Doc ID(s): FY18COAMelro	se000000
Note: The Address Id Must be set up for <u>EFT</u> paymen	nts.)	RFR/Procurement or Other ID Number: Gra	
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 Departing the state accounting system by sufficient appropria	artment) idget) grants 815 CMR 2.00) orting documentation) iccy, scope, budget) , scope, budget) nguage/justification, DNDITIONS (T&C) has been exc Commonwealth Terms and	Enter Current Contract End Date <u>Prior</u> to A Enter Amendment Amount: \$	(or "no change") hly. Attach details of Amendment changes.) chated scope and budget) im Contract and updated scope/budget) scope or budget) ing language/justification and updated scope reference into this Contract.
Rate Contract (No Maximum Obligation, Attach X Maximum Obligation Contract Enter Total Maximum Obligation Common Identify a PPD as follows: Payment Issued within 10 30 days % PPD. If PPD percentages are left blank, payment (subsequent payments scheduled to support BRIEF DESCRIPTION OF CONTRACT PERFORMAL the municipalities of the Commonwealth. The award a identified in the annually published COA Formula Grant	mum Obligation for total duration wealth payments are issued thro days % PPD; Payment issued identify reason: X agree to sta standard EFT 45 day payment cy NCE or REASON FOR AMEND mount is determined by a censur t Guide. The activity performant	of this Contract (or new Total if Contract is being bugh <u>EFT</u> 45 days from invoice receipt. Contract is within 15 days % PPD; Payment issued with andard 45 day cycle statutory/legal or Ready Paycle. See <u>Prompt Pay Discounts Policy</u> .) MENT: This contract is to locally distribute a form s-based allocation of available grant funding. Funder period for this award is 7/1/2017 — 6/30/2018.	tors requesting accelerated payments must also accelerated payments must also accelerated payments must also accelerated payments must also accelerated payments within also accelerated payments (G.L. c. 29, § 23A); only initial also accelerated accelerate accelera
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Contract are attached and incorporated into this Contract CONTRACT END DATE: Contract performance sha amended, provided that the terms of this Contract a for completing any negotiated terms and warranties, amendments.	Il terminate as of <u>June 30th, 2</u> nd performance expectations at to allow any close out or transiti	018 with no new obligations being incurred after nd obligations shall survive its termination for the on performance, reporting, invoicing or final pay	this date unless the Contract is property e purpose of resolving any claim or dispute, ments, or during any lapse between
CERTIFICATIONS: Notwithstanding verbal or other Amendment has been executed by an authorized si approvals. The Contractor makes all certifications penalties of perjury, agrees to provide any required business in Massachusetts are attached or incorpor Conditions, this Standard Contract Form including the process outlined in 801 CMR 21.07, incorporate AUTHORIZING SIGNATURE FOR THE CONTRACT. X: Lament Must Be Handwritten At Tim Print Name: Carly May Traffers Print Title: May Traffers Authorizing Signature Authorizing Signature Authorizing Signature Be Handwritten At Tim Print Name: Carly May Traffers Print Title: May Traffers Signature Authorizing Signat	gnatory of the Contractor, the Drequired under the attached Codocumentation upon request to ated by reference herein according the Instructions and Contractor Conal negotiated terms will take pd herein, provided that any amer TOR: Date: 3/5//8. Date: 3/5//8.	epartment, or a later Contract or Amendment Sta <u>ontractor Certifications</u> (incorporated by reference support compliance, and agrees that all terms go ng to the following hierarchy of document preced Certifications, the Request for Response (RFR) of recedence over the relevant terms in the RFR and	art Date specified above, subject to any required the if not attached hereto) under the pains and worming performance of this Contract and doing ence, the applicable Commonwealth Tems and or other solicitation, the Contractor's Response, in the Contractor's Response, it was costs, or a more cost effective Contract. COMMONWEALTH:

(Updated 1/4/2018) Page 1

A.

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

CONTRACTOR LEGAL NAME: TOWN OF MIDDLETON Legal Address: (W-9, W-4,T&C):		
Legal Address: (W-9, W-4,T&C):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD
48 S MAIN ST MIDDLETON MA 01949-2253		Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
Contract Manager: Susan J. Gannon		Billing Address (if different):
E-Mail: Susan.gannon@middletonma.gov		Contract Manager: Stacey O'Connell
	Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us
Contractor Vendor Code: V C 6 0 0 0 1 9 1 8 8 4		Phone:1-617-222-7419 Fax: 1-617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD001.		MMARS Doc ID(s): FY18COAMiddleton0000
Note: The Address Id Must be set up for <u>EFT</u> paymer	its.)	RFR/Procurement or Other ID Number: Grant Award
X NEW CONTRACT		CONTRACTAMENDMENT
PROCUREMENT OR EXCEPTION TYPE: (Check one		Enter Current Contract End Date <u>Prior</u> to Amendment:, 20
<u>Statewide Contract</u> (OSD or an OSD-designated Department of Collective Purchase (Attach OSD approval, scope, but	artment)	Enter Amendment Amount: \$ (or "no change")
Department Procurement (includes State or Federal or	rants 815 CMR 2 00)	AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)
(Attach RFR and Response or other procurement supply	orting documentation)	Amendment to Scope or Budget (Attach updated scope and budget)
Emergency Contract (Attach justification for emergency Contract Employee (Attach Employment Status Form,	cy, scope, budget)	Interim Contract (Attach justification for Interim Contract and updated scope/budget)
X Legislative/Legal or Other: (Attach authorizing lar	scope, buager) nausae/iustification.	Contract Employee (Attach any updates to scope or budget) <u>Legislative/Legal or Other:</u> (Attach authorizing language/justification and updated scope
scope and budget		and budget)
The following COMMONWEALTH TERMS AND CO X_Commonwealth Terms and Conditions	NDITIONS (T&C) has been exec Commonwealth Terms and C	uted, filed with CTR and is incorporated by reference into this Contract. Conditions For Human and Social Services.
PROMPT PAYMENT DISCOUNTS (PPD): Commonwidentify a PPD as follows: Payment issued within 10 d 30 days % PPD. If PPD percentages are left blank, in payment (subsequent payments scheduled to support started by the payment of the payme	num Obligation for total duration of realth payments are issued through lays % PPD; Payment issued widentify reason: Xagree to stand tandard EFT 45 day payment cycle	s, conditions or terms and any changes if rates or terms are being amended.) If this Contract (or <i>new</i> Total if Contract is being amended). \$16,238,00 If this Contract (or <i>new</i> Total if Contract is being amended). \$16,238,00 If EFT_45 days from invoice receipt. Contractors requesting accelerated payments must within 15 days % PPD; Payment issued within 20 days % PPD; Payment payment (G.L. c. 29, § 23A); only initial a. See Prompt Pay Discounts Policy.)
are municipalities of the constronwealth. The award aff	nount is determined by a census-b	NT: This contract is to locally distribute a formula grant award to the Councils on Aging of
identified in the annually published COA Formula Grant report accounting for how these grant funds were applie	nount is determined by a census-b Guide. The activity performance p d. Ongoing eligibility for formula g	NT: This contract is to locally distribute a formula grant award to the Councils on Aging of ased allocation of available grant funding. Funds may support Council on Aging activities as period for this award is 7/1/2017 – 6/30/2018. The municipality will complete a final fiscal rant funding is contingent on satisfactory prior year performance.
identified in the annually published COA Formula Grant report accounting for how these grant funds were applie ANTICIPATED START DATE: (Complete ONE option	nount is determined by a census-b Guide. The activity performance p d. Ongoing eligibility for formula g n only) The Department and Contr	NT: This contract is to locally distribute a formula grant award to the Councils on Aging of ased allocation of available grant funding. Funds may support Council on Aging activities as period for this award is 7/1/2017 – 6/30/2018. The municipality will complete a final fiscal rant funding is contingent on satisfactory prior year performance. actor certify for this Contract, or Contract Amendment, that Contract obligations:
identified in the annually published COA Formula Grant report accounting for how these grant funds were applie ANTICIPATED START DATE: (Complete ONE option 1. may be incurred as of the Effective Date (latest s	nount is determined by a census-b Guide. The activity performance p d. Ongoing eligibility for formula g n only) The Department and Contr ignature date below) and <u>no</u> oblig	NT: This contract is to locally distribute a formula grant award to the Councils on Aging of ased allocation of available grant funding. Funds may support Council on Aging activities as period for this award is 7/1/2017 – 6/30/2018. The municipality will complete a final fiscal rant funding is contingent on satisfactory prior year performance. actor certify for this Contract, or Contract Amendment, that Contract obligations: ations have been incurred prior to the Effective Date.
identified in the annually published COA Formula Grant report accounting for how these grant funds were applie ANTICIPATED START DATE: (Complete ONE option	nount is determined by a census-b Guide. The activity performance p d. Ongoing eligibility for formula g n only) The Department and Contr signature date below) and <u>no</u> oblig TER than the <u>Effective Date</u> below, a tion to the <u>Effective Date</u> below, a yments or as authorized reimburse of the Acceptance of payments forevent.	ENT: This contract is to locally distribute a formula grant award to the Councils on Aging of ased allocation of available grant funding. Funds may support Council on Aging activities as period for this award is 7/1/2017 – 6/30/2018. The municipality will complete a final fiscal rant funding is contingent on satisfactory prior year performance. actor certify for this Contract, or Contract Amendment, that Contract obligations; ations have been incurred prior to the Effective Date. If and no obligations have been incurred prior to the Effective Date and the parties agree that payments for any obligations incurred prior to the Effective ment payments, and that the details and circumstances of all obligations under this ar releases the Commonwealth from further claims related to these obligations.
identified in the annually published COA Formula Grant report accounting for how these grant funds were applie ANTICIPATED START DATE: (Complete ONE option 1. may be incurred as of the Effective Date (latest s 2. may be incurred as of, 20 _, a date LA X_3. were incurred as of, 20 _, a date PR Date are authorized to be made either as settlement pay Contract are attached and incorporated into this Contract CONTRACT END DATE: Contract performance shall amended, provided that the terms of this Contract and for completing any negotiated terms and warranties, to amendments.	nount is determined by a census-b Guide. The activity performance p d. Ongoing eligibility for formula g n only) The Department and Contriginature date below) and no oblig TER than the Effective Date below, a prents or as authorized reimbursed. Acceptance of payments foreverterminate as of June 30th, 2018 d performance expectations and allow any close out or transition	ENT: This contract is to locally distribute a formula grant award to the Councils on Aging of ased allocation of available grant funding. Funds may support Council on Aging activities as period for this award is 7/1/2017 – 6/30/2018. The municipality will complete a final fiscal rant funding is contingent on satisfactory prior year performance. actor certify for this Contract, or Contract Amendment, that Contract obligations: ations have been incurred prior to the Effective Date. If and obligations have been incurred prior to the Effective Date. If and the parties agree that payments for any obligations incurred prior to the Effective ment payments and thet the details and eigenvectors and the title details and eigenvectors.

(Updated 1/4/2018) Page 1

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CONTRACTOR LEGAL NAME:	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs		
CITY OF NEWTON	MMARS Department Code: ELD		
<u>Legai Address: (W-9, W-4,T&C):</u> 1000 COMMONWEALTH AVE NEWTON MA 02459-1400	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108		
Contract Manager: Jayne Colino	Billing Address (if different):		
E-Mail: jcolino@newtonma.gov	Contract Manager: Stacey O'Connell		
Phone: 978-462-8650 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us		
Contractor Vendor Code: V C 6 0 0 0 1 9 2 1 2 0	Phone:1-617-222-7419 Fax: 1-617-727-9368		
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc iD(s): FY18COANewton0000000		
Note: The Address Id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award		
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment:, 20		
Statewide Contract (OSD or an OSD-designated Department)	Enter Amendment Amount: \$ (or "no change")		
Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes State or Federal grants 815 CMR 2.00)	AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)		
(Attach RFR and Response or other procurement supporting documentation)	Amendment to Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget)		
Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget)	Contract Employee (Attach any updates to scope or budget)		
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget	<u>Legislative/Legal or Other:</u> (Attach authorizing language/justification and updated scope and budget)		
The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed the following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed the following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed the following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed the following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed the following conditions and the following conditions are conditionally conditions and the following conditions are conditionally conditions and the following conditions are conditionally conditions are conditionally conditions are conditionally conditionally conditions are conditionally conditionally conditions are conditionally conditiona	cuted, filed with CTR and is incorporated by reference into this Contract. Conditions For Human and Social Services.		
in the state accounting system by sufficient appropriations or other non-appropriated fur Rate Contract (No Maximum Obligation Attach details of all rates, units, calculation X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of	ns, conditions or terms and any changes if rates or terms are being amended.) of this Contract (or <i>new</i> Total if Contract is being amended). \$180,769.00		
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from involce receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c, 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2016 6/30/20 7. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.			
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:			
1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date.			
2. may be incurred as of, 20 _, a date LATER than the <u>Effective Date</u> below and <u>no</u> obligations have been incurred <u>prior</u> to the <u>Effective Date</u> . X 3. were incurred as of			
CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
Amendment has been executed by an authorized signatory of the Contractor, the De approvals. The Contractor makes all certifications required under the attached Cor penalties of perjury, agrees to provide any required documentation upon request to signatures in Massachusetts are attached or incorporated by reference herein according Conditions, this Standard Contract Form including the Instructions and Contractor C and additional negotiated terms, provided that additional negotiated terms will take provided the process outlined in 801 CMR 21.07, incorporated herein, provided that any amend 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 stractor Certifications. (incorporated by reference if not attached hereto) under the pains and upport compliance, and agrees that all terms governing performance of this Contract and doing g to the following hierarchy of document precedence, the applicable Commonwealth Terms and ertifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, seedence over the relevant terms in the RFR and the Contractor's Response only if made using the RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: Date: 3-12-18 (Signature and Date Must Be Handwelten At Time of Signature) Print Name: Print Title:		
Approved as to be all Form & Character	· /		

Acting City Solicitor

(Updated 1/4/2018) Page 1

2/3

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

CONTRACTOR LEGAL NAME: TOWN OF OAKHAM		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
<u>Legal Address:</u> (W-9, W-4,T&C): PO BOX 57 OAKHAM MA 01068-0057		Business Mailing	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Lucy Tessnau		Billing Address	if different):	
E-Mail: coa@oakham-ma.gov		Contract Manage	: Stacey O'Connell	
Phone: 508-882-3358	Fax:	E-Mail: Stacey.O	'Connell@MassMail.state.r	ma.us
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 2 7		Phone:1-617-222	-7419	Fax: 1-617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD001.		MMARS Doc ID(s): FY18COAOakhar	m 0 0 0 0 0 0 0
Note: The Address ld Must be set up for <u>EFT</u> paymen	nts.)	RFR/Procuremen	t or Other ID Number: Grai	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 emergen 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	artment) dget) grants 815 CMR 2.00) orting documentation) cy, scope, budget) scope, budget) nguage/justification, and the been exe Commonwealth Terms and	Enter Amendmer AMENDMENT TY Amendment to S Interim Contract Contract Employ Legislative/Legal and budget) cuted, filed with CTI Conditions For Huma	ntract End Date <u>Prior</u> to Am at Amount: \$	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.
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 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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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.			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 Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: Date: X: Date: X: Signature and Date Must Be Handwritten At Time of Signature) Print Name: Print Title: Print Title: X: Signature and Date Must Be Handwritten At Time of Signature)				

(Updated 1/4/2018) Page 1

W2

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CONTRACTOR LEGAL NAME: TOWN OF RANDOLPH	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4,T&C): 41 S MAIN ST - TREASURER RANDOLPH MA 02368-4839	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Marc Craig	Billing Address (if different):	
E-Mail: mcraig@randolph-ma.gov	Contract Manager: Stacey O'Connell	
<u>Рhопе</u> : 781-961-0930	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 5 1	Phone:1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COAR and olph00000	
Note: The Address Id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been exect X Commonwealth Terms and Conditions Commonwealth Terms and Conditions	CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment:, 20 Enter Amendment Amount: \$	
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). \$60,276.00 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:		
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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 forey		
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 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 su business 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 precedence.	a "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or artment, or a later Contract or Amendment Start Date specified above, subject to any required ractor Certifications (incorporated by reference if not attached hereto) under the pains and 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 rifications, 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 at 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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CONTRACTOR LEGAL NAME:	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs		
TOWN OF ROYALSTON	MMARS Department Code: ELD		
<u>Legal Address:</u> (W-9, W-4,T&C) : PO BOX 1 ROYALSTON MA 01368-0001	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108		
Contract Manager: Betty Woodbury	Billing Address (if different):		
E-Mail:	Contract Manager: Stacey O'Connell		
<u>Phone</u> : 978-249-9656 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us		
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 6 3	Phone:1-617-222-7419 Fax: 1-617-727-9368		
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COARoyalston0000		
Note: The Address Id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award		
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (Includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been exec X Commonwealth Terms and Conditions Commonwealth Terms and Conditions	CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment:, 20 Enter Amendment Amount: \$		
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 30 days % PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial			
Payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.) BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2017 – 6/30/2018. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance. ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: 1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date. 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, 120. The date of 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, 2010	8 with no new obligations being incurred after this date unless the Contract is properly obligations shall survive its termination for the purpose of resolving any claim or dispute.		
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 sub-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 prec	"Effective Date" of this Contract or Amendment shall be the latest date that this Contract or artment, or a later Contract or Amendment Start Date specified above, subject to any required actor Certifications (incorporated by reference if not attached hereto) under the pains and oport compliance, and agrees that all terms governing performance of this Contract and doing to the following hierarchy of document precedence, the applicable Commonwealth Terms and tifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, edence over the relevant terms in the RFR and the Contractor's Response only if made using d RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: Date: Cignature and Date Must Be Handwritten At Time of Signature) Print Name: Print Titte:		

(Updated 1/4/2018) Page 1

RIA

This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroiler (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 <u>Guidance For Vendors - Forms</u> or www.mass.gov/	osd under OSD Forms.	
CONTRACTOR LEGAL NAME: TOWN OF SANDISFIELD	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
<u>Legal Address:</u> (W-9, W-4,T&C): PO BOX 154 SANDISFIELD MA 01255-0154	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Linda Riiska	Billing Address (if different):	
E-Mail: sandisfieldcoa@holmail.com	Contract Manager: Stacey O'Connell	
Phone: 413-258-4215 Fax: -	E-Mail: Stacey.O'Connell@MassMall.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 6 7	Phone:1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS DociDis): FY18COAS and is field 00	
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:, 20	
Statewide Contract (OSD or an OSD-designated Department)	Enter Amendment Amount: \$ (or "no change")	
Collective Purchase (Attach OSD approval, scope, budget)	AMENDMENT TYPE: (Check one option only, Attach details of Amendment changes.)	
<u>Department Procurement (includes State or Federal grants 815 CMR 2.00)</u> (Attach RFR and Response or other procurement supporting documentation)	Amendment to Scope or Budget (Attach updated scope and budget)	
Emergency Contract (Attach justification for emergency, scope, budget)	Interim Contract (Altach 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 and budget)	
The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been ex-		
X Commonwealth Terms and Conditions Commonwealth Terms and	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). \$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. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.) BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2017 – 6/30/2018. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance. ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:		
CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2	218 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 De approvals. The Contractor makes all certifications required under the attached Co penalties of perjury, agrees to provide any required documentation upon request to business in Massachuseits are attached or incorporated by reference herein according Conditions, this Standard Contract Form including the instructions and Contractor C and additional negotiated terms, provided that additional negotiated terms will take provided that additional negotiated terms.	the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or epartment, or a later Contract or Amendment Start Date specified above, subject to any required intractor Certifications (incorporated by reference if not attached hereto) under the pains and support compliance, and agrees that all terms governing performance of this Contract and doing to the following hierarchy of document precedence, the applicable Commonwealth Terms and certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, recedence over the relevant terms in the RFR and the Contractor's Response only if made using ided RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: Date: (Signature and Date Must Be Handwrittep At (Time of Signature)) Print Name: Print Title:	

(Updated 114/2018) 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 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.indec.govioscendor Cardanteo i ci voi	TOTAL TOTAL OF THE PROPERTY OF			
CONTRACTOR LEGAL NAME: TOWN OF SAVOY		*	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
IOWN OF SAVUY			MMARS Department Code: ELD	
<u>Legal Address: (W-9, W-4,T&C):</u> 720 MAIN RD SAVOY MA 01256-9387		Business Mailing	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Gloria Ruebesam		Billing Address (if	different):	
E-Mail: coasavoy@gmail.com		Contract Manager	: Stacey O'Connell	
Phone: 413-743-2542	Fax:	E-Mail: Stacey.O'(Connell@MassMail.state	.ma.us
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 7 0		Phone:1-617-222-7	7419	Fax: 1-617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD001.		MMARS Doc ID(s)	FY18COASavoy	0000000
Note: The Address Id Must be set up for EFT payme	nts.)	RFR/Procurement	or Other ID Number: Gra	ant Award
X Commonwealth Terms and Conditions COMPENSATION: (Check ONE option): The Depart in the state accounting system by sufficient appropria Rate Contract (No Maximum Obligation, Attach X Maximum Obligation Contract Enter Total Max PROMPT PAYMENT DISCOUNTS (PPD): Common identify a PPD as follows: Payment issued within 10 30 days % PPD. If PPD percentages are left blank payment (subsequent payments scheduled to support BRIEF DESCRIPTION OF CONTRACT PERFORMA the municipalities of the Commonwealth. The award a identified in the annually published COA Formula Grar	artment) idget) grants 815 CMR 2.00) porting documentation) ncy, scope, budget) grants 815 CMR 2.00) porting documentation) ncy, scope, budget) grants 815 CMR 2.00) porting documentation ncy, scope, budget) grants 815 CMR 2.00 porting to scope, budget) grants 915 CMR 2.00 porting to scope, budget) grants 915 CMR 2.00 porting to scope, budget grants 915 CMR 2.00 porting to scope,	DMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of us-based allocation of available grant funding. Funds may support Council on Aging activities as		AMENDMENT mendment:
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:			ndment, that Contract obligations: e Date. to the <u>Effective Date</u> . ligations incurred prior to the <u>Effective</u> mstances of all obligations under this	
CONTRACT END DATE: Contract performance shall 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 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 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 Contractor business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: Date: 3/Lolls X: Cignature and Date Must Be Handwritten At Time of Signature) Print Name: Print Title: Scical Town of Contractor Certifications (Incorporated by reference in a later Contractor Certifications (Incorporated by reference if not attached hereto) under the penaltics of the following hierarchy of document precedence, the application of the following hierarchy of document precedence, the application of the following hierarchy of document precedence, the application of the following hierarchy of document precedence, the application of the following hierarchy of document precedence, the application of the following hierarchy of document precede		art Date specified above, subject to any required to any required the if not attached hereto) under the pains and overning performance of this Contract and doing the applicable Commonwealth Terms and		

(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 Ver	idors - Forms or www.mass.g	loviosa rider OSD Forms,		
CONTRACTOR LEGAL NAME: TOWN OF SEEKONK		COMMONWEALTH DEPARTMENT NAME:	Executive Office of Elder Affairs	
Legal Address: (W-9, W-4,T&C): 100 PECK ST SEEKONK MA 02771-5116			MMARS Department Code: ELD Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Bernie Huck		Billing Address (if different):		
E-Mail: bhuck@seekonk-ma.gov		Contract Manager: Stacey O'Connell		
Phone: 508-336-8772	Fax:	E-Mail: Stacey.O'Connell@MassMail.state	.ma.us	
Contractor Vendor Code: VC6000191972		Phone:1-617-222-7419	Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.		MMARS Doc ID(s): FY18COASeeko	nk000000	
Note: The Address Id Must be set up for <u>EFT</u> paymer	ıts.)	RFR/Procurement or Other ID Number: Gra	ant Award	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check on-	e option only)	CONTRACT Enter Current Contract End Date Prior to A	AMENDMENT mendment:, 20	
Statewide Contract (OSD or an OSD-designated Department of the Contract (OSD or an OSD or		Enter Amendment Amount: \$		
Collective Purchase (Attach OSD approval, scope, bu Department Procurement (includes State or Federal of		· · · · · · · · · · · · · · · · · · ·	nly. Attach details of Amendment changes.)	
(Attach RFR and Response or other procurement supp		Amendment to Scope or Budget (Attach up	/	
Emergency Contract (Attach justification for emergen Contract Employee (Attach Employment Status Form,		Interim Contract (Attach justification for Inter	, , , , , ,	
X Legislative/Legal or Other. (Attach authorizing la scope and budget		Contract Employee (Attach any updates to s <u>Legislative/Legal or Other:</u> (Attach authorizi and budget)	scope or budget) ng language/justification and updated scope	
The following COMMONWEALTH TERMS AND CO X_Commonwealth Terms and Conditions		executed, filed with CTR and is incorporated by and Conditions For Human and Social Services.	eference into this Contract.	
X Maximum Obligation Contract Enter Total Maxi	ions or other non-appropriated etails of all rates, units, calcula num Obligation for total duration	I funds, subject to intercept for Commonwealth ower ations, conditions or terms and any changes if rates on 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>28,113,07</u>	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors reidentify 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 Payment payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)		in 20 days % PPD; Payment issued within		
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Agi 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 actividentified 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 for report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.		ds may support Council on Aging activities as he municipality will complete a final fiscal		
ANTICIPATED START DATE: (Complete ONE option	n only) The Department and C	Contractor certify for this Contract, or Contract Amen	dment, that Contract obligations:	
1. may be incurred as of the Effective Date (latest				
2, may be incurred as of, 20 , a date LA, a date PA	RIOR to the <u>Effective Date</u> belopments or as authorized reimb	oursement payments, and that the details and circun	igations 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.			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 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 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's Response terms result in best value, lower costs, or a more cost effective Contractor's Response and Date Must Be Handwritten At Time of Signature) Print Name: Y:			nt Date specified above, subject to any required to if not attached hereto) under the pains and verning performance of this Contract and doing ance, the applicable Commonwealth Terms and rother solicitation, the Contractor's Response, if the Contractor's Response only if made using lower costs, or a more cost effective Contract. COMMONWEALTH: Date: At Time of Signature)	
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(Undated 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 Atlachment. Contractors may not require any additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at www.mass.gov/osd under OSD Forms.

CONTRACTOR LEGAL NAME.	HILDIS - FOILIS OF WWW. MUSS COV		
CONTRACTOR LEGAL NAME: TOWN OF SHREWSBURY		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4,T&C); 100 MAPLE AVE, SHREWSBURY MA 01545		Business Malling Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: Sharon Yager		Billing Address (if different):	
<u>E-Mai</u> l: syager@shrewsburyma.gov		Contract Manager: Stacey O'Connell	
	Fax:	E-Mail: Stacey.O'Connell@MassMall.state.ma.us	
Contractor Vendor Code; VC 6000191978		Phone:1-617-222-7419 Fax: 1-617-727-9368	
<u>Vendor Code Address ID (e.g. "AD001"): AD001.</u>		MMARS Doc ID(s): FY 18 COAShrewsbury 000	
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	e option only)	CONTRACT AMENDMENT	
Statewide Contract (OSD or an OSD-designated Dens	Rimenti	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20 Enter Amendment Amount: \$, (or "no change")	
Collective Purchase (Attach OSD approvel, scope, bu Department Procurement (includes State or Federal g	(tenh)	AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)	
(Attach RFR and Response of other procurement suppl	ortina documentation)	Amendment to Scope or Budget (Attach updated scope and budget)	
Emergency Contract (Attach Justification for emargen.	fonbud agons var	Interim Contract (Attach Justification for Interim Contract and updated scope/budget)	
Contract Employee (Attach Employment Status Form, X Legislative/Legal or Other: (Attach authorizing lar	scope hudgeth	Contract Employee (Atlach any godales to scope or hydres)	
scope and budget		Legislative/Legal or Other: (Attach authorizing language/justification and updated scope	
The following COMMONWEALTH TERMS AND CO	NDITIONS (T&C) has been exe	cuted. Gled with CTP and is incorporated by reference but the Control	
	Contributed this still t	Conditions For Human and Social Services,	
COMPENSATION: (Check ONE option): The Departm	nent certifies that payments for ar	ultrorized performance accepted in accordance with the terms of this Contract will be supported	
Rate Contract (No Maximum Ohlination, Attach de	lotalis of all rates, units, established	ino soniact in litercept for Commonwealth owed depts ruger 812 CMS 9.00.	
X Maximum Obligation Contract Enter Total Maxim	anns of an rates, units, calculation of the mum Obligation for total duration of	ios, 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). <u>\$54,933,21</u>	
PROMPT PAYMENT DISCOUNTS (PPD): Commonut	realth normants are leaved theer		
identify a PPD as follows: Payment issued within 10 d	ays % PPD; Payment Issued	ugin ET 49 days from invoice receipt. Contractors requesting accelerated payments must 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, it payment (subsequent payments scheduled to support si	identify reason: X agree to stan	winin 15 days % PPD; Payment Issued within 20 days % PPD; Payment Issued within 15 days oycle statutorylegal or Ready Payments (<u>G.L. c. 29, § 23A</u>); only initial	
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the municipalities of the Commonwealth. The award arr	nount is determined by a census-	EAL! This contract is to locally distribute a formula grant award to the Councils on Aging of based allocation of available grant funding. Funds may support Council on Aging activities as	
Identified in the annually published COA Formule Grant report accounting for how these grant funds were applied.	Guide. The activity performance	pased allocation of available grant funding. Funds may support Council on Aging activities as period for this award is 7/1/2017 — 6/30/2018. The municipality will complete a final fiscal grant funding is conlingent on satisfactory prior year performance.	
a Similar train dippitor	A ANSANS ASSESSED OF TORNIOR	grant funding is conlingent on satisfactory prior year performance. Iractor certify for this Contract, or Contract Amendment, that Contract obligations:	
1. may be incurred as of the Effective Date (latest s	I thing the behave the state of	ractor certify for this Contract, or Contract Amendment, that Contract obligations: gallons have been incurred <u>prior t</u> o the <u>Effective Date</u> .	
2. (IBV 08 IDD) (PP) 89 A) 30 5 5 5 5 6 1 A	TED then the Constitut Nation Later		
X 3, were incurred as of July 1st, 2017, a date PR			
Contract are attached and incorporated into this Contract	T. Accentance of neuments foreign	orneric payments, and that the details and circumstances of all obligations under this	
amended, provided that the terms of this Contract and	i performance expectations and	B with no new obligations being incurred after this date unless the Contract le properly obligations shall survive its termination for the purpose of resolving any claim or dispute,	
amendments.	allow any close out or transition	obligations shall survive its termination for the purpose of resolving any claim or dispute, performance, reporting, invoicing or final payments, or during any lapse between	
GERTIFICATIONS: Notwithslanding verbal or other re	enregentations by the nection the	SEMANDE PARTY SELLO	
Amendment has been executed by an authorized sign	natory of the Contractor, the Dep	or Emecure Date" of this Contract or Amendment shall be the latest date that this Contract or adment, or a later Contract or Amendment Start Date specified above, subject to any required region Continue to the Contract or Amendment Start Date specified above, subject to any required	
Denailles of periory, somes to ground any regulary do	remontation upon manual to acce	rector Certifications (incorporated by reference if not attached herelo) under the pains and	
business in Massachuseits are attached or incomorate	of his reference hombs econolise	profit compliance, and agrees that all terms governing performance of this Confrect end doing	
Conditions, this Standard Contract Form Including the Instructions and Contractor Certification		to the following hierarchy of document precedence, the applicable <u>Commonwealth Terms and</u> ritications, the Request for Response (RFR) or other solicitation, the Contractor's Response,	
and accompan negociated terms, provided that accompanies process outlined in 801 CMR 21.07. Incorporated t	al negotiated terms will take prec	runcations, the request for Response (RFR) or other solicitation, the Contractor's Response, sedence over the relevant terms in the RFR and the Contractor's Response only if made using at RFR or Response terms result in best value, lower costs, or a more cost effective Contract.	
AUTHORIZING SIGNATURE FOR THE CONTRACTO		at AFR of Response terms result in best value, lower costs, or a more cost effective Contract.	
	Date: 4/4/15.	AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:	
(Signature and Date Must Be Handwritten At Time o	Date: 1-41 b.	X: Date: Date:	
Print Name: Kay & M. 24 CA	1 Signature)	(Signature and Date Music Be Handwritten At Time of Signature) Print Name: CGG V CON PP (March 1)	
Print Title: Tour Manage	it	(Signature and Date Must Be Handwritten At Time of Signature) Print Name: CGG CONCERNIC CONTROL CONTR	
		and Contracting	

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 lerms 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 - F

www.mass.gov/osc under Guidance For ye	indors - Forms or www.inass.gov/	oso under OSO Forms.	
CONTRACTOR LEGAL NAME: TOWN OF STONEHAM		COMMONWEALTH DEPARTMENT NAM MMARS Department Code: ELD	E: Executive Office of Elder Affairs
Legal Address: (W-9, W-4,T&C): 35 CENTRAL ST STONEHAM MA 02180-2055		<u>Business Mailing Address</u> : 1 Ashburto	n Place Room 517, Boston, MA 02108
Contract Manager: Maureen Canova	. t + f	Billing Address (if different):	
E-Malt: mcanova@ci.stoneham.ma.us		Contract Manager: Stacey O'Connell	
Phone: 781-279-2605	Fax:	E-Mail: Stacey,O'Connell@MassMail.sta	le ma us
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 9 2		Phone:1-617-222-7419	Fax: 1-617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD001.	/	MMARS Doc ID(s): FY 18 COASton	eham00000
Note: The Address Id Must be set up for <u>EFT</u> payme	nts.)	RFR/Procurement or Other ID Number: 0	emination to a second to the
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check or	ne option only)		T AMENDMENT
Statewide Contract (OSD or an OSD-designated Dep	,	Enter Amendment Amount: \$	
Collective Purchase (Attach OSD approval, scope, but		AMENDMENT TYPE: (Check one option only. Atlach details of Amendment changes.)	
Department Procurement (Includes State or Federal (Attach RFR and Response or other procurement supp		Amendment to Scope or Budget (Altach updated scope and budget)	
Emergency Contract (Atlach justification for emerger		Interim Contract (Attach justification for Int	arim Contract and updated scope/budget)
Contract Employee (Atlach Employment Status Form		Contract Employee (Altech any updates to	
X Legislative/Legal or Other: (Attach authorizing la scope and budget	nguage/justification,	Legislative/Legal or Other: (Altach authorizing language/justification and updated scope and budget)	
The following COMMONWEALTH TERMS AND CO	ONDITIONS (T&C) has been exec		reference into this Contract.
X Commonwealth Terms and Conditions	Commonwealth Terms and C	Conditions For Human and Social Services.	
COMPENSATION: (Check ONE option): The Departing the state accounting system by sufficient appropriate	ment certifies that payments for aut	horized performance accepted in accordance	with the terms of this Contract will be supported
Rate Contract (No Maximum Obligation, Attach o	tetails of all rates, units, calculation	s, conditions or terms and any changes if rate:	s or terms are heing amended !
X Maximum Obligation Contract Enler Total Maxi	mum Obligation for total duration o	f this Contract (or new Total if Contract is bein	g amended). \$ <u>52,089.00</u>
PROMPT PAYMENT DISCOUNTS (PPD): Common identify a PPD as follows: Payment issued within 10 of 30 days % PPD. If PPD percentages are left blank, payment (subsequent payments scheduled to supports	days % PPD; Payment issued will identify reason; X agree to stan	vithin 15 days: % PPD; Payment issued will dard 45 day cycle statutory/legal or Ready P	hin 20 days % PPD: Payment issued within
BRIEF DESCRIPTION OF CONTRACT PERFORMAN The municipalities of the Commonwealth. The award are	ICE or REASON FOR AMENDME	NT: This contract is to locally distribute a form	rula grant award to the Councils on Aging of
identified in the annually published COA Formula Grant report accounting for how these grant funds were applied	l Guide. The activity performance i	period for this award is 7/1/2017 - 6/30/2018.	The municipality will complete a final fiscal
ANTICIPATED START DATE: (Complete ONE optic	n only) The Department and Contr	actor certify for this Contract, or Contract Ame	ndment, that Contract obligations;
1. may be incurred as of the Effective Date (fatest	signature date below) and <u>no</u> oblig	ations have been incurred <u>prior</u> to the <u>Effective</u>	<u>e Date</u> .
2. may be incurred as of , 20 , a date LA	TER than the Effective Date below	y and <u>no</u> obligations have been incurred <u>prior</u>	to the Effective Date.
X.3. were incurred as of July 1st, 2017, a date Pi Date are authorized to be made either as settlement pa Contract are attached and incorporated into this Contra	yments or as authorized reimburse ct. Acceptance of payments foreve	ement payments, and that the details and circular releases the Commonwealth from further cla	mstances of all obligations under this sims related to these obligations.
<u>CONTRACT END DATE</u> : Contract performance shall amended, provided that the terms of this Contract an for completing any negotiated terms and warranties, to amendments.	o performance expectations and a allow any clase out or transition	obligations shall survive its termination for th performance, reporting, invoicing or final pay	e purpose of resolving any claim or dispute, ments, or during any lapse between
CERTIFICATIONS: Notwithstanding verbal or other r Amendment has been executed by an authorized sig	natory of the Contractor, the Depa	idment, or a later Contract or Amendment Sta	art Date specified above, subject to any required
approvals. The Contractor makes all certifications re	equired under the altached Contr	actor Certifications (incorporated by reference	e if not attached hereto) under the nains and
penallies of perjury, agrees to provide any required d business in Massachusetts are attached or incorporat	acumentation upon request to sup ed by reference berein according	port compliance, and agrees that all terms go to the following biararchy of document preced	werning penormance of this Contract and doing
Conditions, this Standard Contract Form including the	e instructions and Contractor Cert	fifications, the Request for Response (RFR) (or other solicitation, the Contractor's Response.
and additional negotiated terms, provided that addition	nal negotiated terms will take prece	edence over the relevant terms in the RFR an	d the Contractor's Response only if made using
the process outlined in 801 CMR 21,07, incorporated			
AUTHORIZING SIGNATURE FOR THE CONTRACT	2/7/15	AUTHORIZING SIGNATURE FOR THE	COMMONWEALTH:
x: Jour Jorey	Date: /// 0	X: KEOWW LOW	Date: 0-10-10
(Signature and Date Must Be Handwritten At Time	01-Signature)	(Signature and Date Must Be Handwritte	m At Time) of Signature)
Print Name: 100md S G 7000	7	Print Name: Print Title:	MKNAPICIATACY
Jour Adminis	MAKIT	rankine:	TINT PARKING !
MANGEN CANOVA	TO A STATE OF THE	The state of the s	
The state of the s		1/2018) Page 1	~~
Director, COA	(Opdated 1/4	HZU10) Fage I	

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		DG_D/(CO. COD) C/(III)	
CONTRACTOR LEGAL NAME: TOWN OF SUDBURY		COMMONWEALTH DEPARTMENT NAME:	Executive Office of Elder Affairs
Legal Address: (W-9, W-4,T&C):		MMARS Department Code: ELD Business Malling Address: 1 Ashburton Place Room 517, Boston, MA 02108	
278 OLD SUDBURY RD SUDBURY MA 01776-1843			
Contract Manager: Debra Galloway		Billing Address (if different):	making a salah
E-Mail: gallowayd@sudbury.ma.us		Contract Manager: Stacey O'Connell	
	Fax:	E-Mail: Stacey.O'Connell@MassMall.state.	
Contractor Vendor Code: V C 6 0 0 0 1 9 1 9 9 6	········	Phone:1-617-222-7419	Fax: 1-617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD001.		MMARS Doc ID(s): FY18COASudbur	·y000000
Note: The Address Id Must be set up for <u>EFT</u> paymen	its.)	RFR/Procurement or Other ID Number: Gra	nt Award
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one Statewide Contract (OSD or an OSD-designated Depa Collective Purchase (Attach OSD approval, scope, but Department Procurement (Includes State or Federal g (Attach RFR and Response or other procurement suppr Emergency Contract (Attach justification for emergency Contract Employee (Attach Employment Status Form, X Legislative/Legal or Other: (Attach authorizing lar scope and budget The following COMMONWEALTH TERMS AND CO	artment) dget) rants 815 CMR 2.00) orting documentation) cy, scope, budget) scope, budget) scope, budget) sguage/justification,	Enter Current Contract End Date <u>Prior</u> to Am Enter Amendment Amount: \$, (c AMENDMENT TYPE: (Check one option on Amendment to Scope or Budget (Attach upo Interim Contract (Attach justification for Interio Contract Employee (Attach any updates to so Legislative/Legal or Other: (Attach authorizin and budget)	or "no change") ly. Attach details of Amendment changes.) dated scope and budget) m Contract and updated scope/budget) cope or budget) g language/justification and updated scope
X Commonwealth Terms and Conditions	Commonwealth Terms and C	uted, filed with CTR and is incorporated by re conditions For Human and Social Services.	Herence into this Contract.
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be 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). \$28,564.86 PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments musidentify 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 a 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.			debts under 815 CMR 9.00. r terms are being amended.) amended), \$28,564.86 ors requesting accelerated payments must a 20 days % PPD; Payment issued within ments (G.L. c. 29, \$ 23A); only initial a grant award to the Councils on Aging of s may support Council on Aging activities as the municipality will complete a final fiscal
ANTICIPATED START DATE: (Complete ONE option	n only) The Department and Conti	actor certify for this Contract, or Contract Amend	ment, that Contract obligations:
			the <u>Effective Date.</u> pations incurred prior to the <u>Effective</u> stances of all obligations under this
Contract are attached and incorporated into this Contract CONTRACT END DATE: Contract performance shall amended, provided that the terms of this Contract and for completing any negotiated terms and warranties, to amendments.	terminate as of <u>June 30th, 201</u> d performance expectations and	B with no new obligations being incurred after the obligations shall survive its termination for the	is date unless the Contract is properly purpose of resolving any claim or dispute,
CERTIFICATIONS: Notwithstanding verbal or other re Amendment has been executed by an authorized sign approvals. The Contractor makes all certifications re penalties of perjury, agrees to provide any required dobusiness in Massachusetts are attached or incorporate Conditions, this Standard Contract Form including the and additional negotiated terms, provided that addition the process outlined in 801 CMR 21.07, incorporated AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: May Contract Form The Contractor (Signature and Date Mass Be Handwritten At Time Print Name: Melissa Murchy Print Title: Town May A 3.3.4	natory of the Contractor, the Depa quired under the attached <u>Contractor</u> pourmentation upon request to sujed by reference herein according a Instructions and Contractor Cer nat negotiated terms will take prec herein, provided that any amende <u>OR:</u> Date: <u>2-14-18</u> of Signature)	artment, or a later Contract or Amendment Start actor Certifications (incorporated by reference port compilance, and agrees that all terms gove to the following hierarchy of document preceden tifications, the Request for Response (RFR) or edence over the relevant terms in the RFR and	Date specified above, subject to any required if not attached hereto) under the pains and aming performance of this Contract and doing ace, the applicable Commonwealth Terms and other solicitation, the Contractor's Response, the Contractor's Response only if made using ower costs, or a more cost effective Contract. OMMONWEALTH: Date:

ted 1/4/201

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CONTRACTOR LEGAL NAME: OWN OF WENDELL		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs
		MMARS Department Code: ELD
<u>egal Address: (W-9, W-4,T&C):</u> 70 WENDELL DEPOT RD WENDELL MA 01379-7916		Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108
Contract Manager: Nancy Spittle		Billing Address (if different):
-Mail: ncspittle@gmail.com		Contract Manager: Stacey O'Connell
	Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us
Contractor Vendor Code: VC6000192031		<u>Phone</u> :1-617-222-7419 Fax: 1-617-727-9368
/endor Code Address iD (e.g. "AD001"): AD001.		MMARS Doc ID(s): FY18COAWendell000000
Note: The Address Id Must be set up for <u>EFT</u> payme	nts.)	RFR/Procurement or Other ID Number: Grant Award
X_Commonwealth Terms and Conditions	artment) idget) grants 815 CMR 2.00) iorting documentation) icy, scope, budget) , scope, budget) inguage/justification, DNDITIONS (T&C) has been exerCommonwealth Terms and the	CONTRACT AMENDMENT Enter Current Contract End Date Prior to Amendment:
in the state accounting system by sufficient appropriations. Rate Contract (No Maximum Obligation. Attach X Maximum Obligation Contract Enter Total Max PROMPT PAYMENT DISCOUNTS (PPD): Common identify a PPD as follows: Payment issued within 10 30 days % PPD. If PPD percentages are left blank payment (subsequent payments scheduled to support BRIEF DESCRIPTION OF CONTRACT PERFORMATE TO THE AWARD AS THE AMERICAN COMMONWEART THE AWARD AND THE AWARD AS THE AWARD	tions or other non-appropriated fur details of all rates, units, calculation imum Obligation for total duration of wealth payments are issued through the second days % PPD; Payment issued, identify reason: X agree to star standard EFT 45 day payment cycles of the second days of	inthorized performance accepted in accordance with the terms of this Contract will be supported ands, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. Instance conditions or terms and any changes if rates or terms are being amended.) of this Contract (or new Total if Contract is being amended). \$5.000.00 Instance contract (or new Total if Contract is being amended). \$5.000.00 Instance contract (or new Total if Contract is being amended). \$5.000.00 Instance contract (or new Total if Contract is being amended). \$5.000.00 Instance contract (or new Total if Contract is being amended). \$5.000.00 Instance contract is to locally distribute a formula grant award to the Councils on Aging of Contract is to locally distribute a formula grant award to the Councils on Aging of Contract is award is 7/1/2017 — 6/30/2018. The municipality will complete a final fiscal
report accounting for how these grant funds were app ANTICIPATED START DATE: (Complete ONE opt	ied. Ongoing eligibility for formula ion only) The Department and Con t signature date below) and no obl ATER than the Effective Date below PRIOR to the Effective Date below	grant funding is contingent on satisfactory prior year performance. Itractor certify for this Contract, or Contract Amendment, that Contract obligations: ligations have been incurred <u>prior</u> to the <u>Effective Date</u> . It is a contract obligations have been incurred <u>prior</u> to the <u>Effective Date</u> . It is a contract obligations have been incurred <u>prior</u> to the <u>Effective Date</u> . It is a contract obligation of the <u>Effective Date</u> . It is a contract of the <u>Effective Date</u> . It is a contract of the <u>Effective Date</u> . It is a contract obligation of the <u>Effective Date</u> . It is a contract obligation of the <u>Effective Date</u> .
Contract are attached and incorporated into this Contract CONTRACT END DATE: Contract performance shammended, provided that the terms of this Contract for completing any negotiated terms and warranties, amendments.	act. Acceptance of payments fore all terminate as of <u>June 30th, 28</u> and performance expectations and to allow any close out or transition	ever releases the Commonwealth from further claims related to these obligations. 18 with no new obligations being incurred after this date unless the Contract is properly dobligations shall survive its termination for the purpose of resolving any claim or dispute, on performance, reporting, invoicing or final payments, or during any lapse between
Amendment has been executed by an authorized sapprovals. The Contractor makes all certifications penalties of perjury, agrees to provide any required business in Massachusetts are attached or incorpo Conditions, this Standard Contract Form including and additional negotiated terms, provided that addithe process outlined in 801 CMR 21.07, incorporated AUTHORIZING SIGNATURE FOR THE CONTRACT. X: (Signature and Date Must Be Handwritten At Tire Print Name:	rignatory of the Contractor, the De required under the attached <u>Cor</u> documentation upon request to srated by reference herein according the Instructions and Contractor Colonal negotiated terms will take pred herein, provided that any amendations. Date: 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	re "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or expartment, or a later Contract or Amendment Start Date specified above, subject to any required intractor Certifications (incorporated by reference if not attached hereto) under the pains and support compliance, and agrees that all terms governing performance of this Contract and doing not the following hierarchy of document precedence, the applicable Commonwealth Terms and certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, eccedence over the relevant terms in the RFR and the Contractor's Response only if made using ded RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: (Signature and Date Must Be Handwritten-At Time of Signature) Print Name: Print Title:

(Updated 1/4/2018) Page 1

2/2

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CONTRACTOR LEGAL NAME: Town of West Stockbridge	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4,T&C): 21 STATE LINE RD WEST STOCKBRIDGE MA 01266-9368	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108	
Contract Manager: John Zick	Billing Address (if different):	
E-Mall: coa@weststockbridge-ma.gov	Contract Manager: Stacey O'Connell	
Phone: 413-232-0137	E-Mail: Stacey.O'Connell@MassMail.state.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 3 9	Phone:1-617-222-7419 Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COAWestStockbrid	
Note: The Address Id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) Emergency Contract (Attach justification for emergency, scope, budget) Contract Employee (Attach Employment Status Form, scope, budget) X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget)	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20 Enter Amendment Amount: \$\ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.) Amendment to Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget) Contract Employee (Attach any updates to scope or budget) Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)	
The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been exec X Commonwealth Terms and Conditions Commonwealth Terms and Conditions	suted, filed with CTR and is incorporated by reference into this Contract. Conditions For Human and Social Services.	
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 30 days % PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)		
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2017 – 6/30/2018. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.		
ANTICIPATED START DATE: (Complete ONE option only) The Department and Cont	ractor certify for this Contract, or Contract Amendment, that Contract obligations:	
	8 with no new obligations being incurred after this date unless the Contract is properly obligations shall survive its termination for the purpose of resolving any claim or dispute, a performance, reporting, invoicing or final payments, or during any lapse between	
Amendment has been executed by an authorized signatory of the Contractor, the Department approvals. The Contractor makes all certifications required under the attached Contractor penalties of perjury, agrees to provide any required documentation upon request to subusiness in Massachusetts are attached or incorporated by reference herein according Conditions, this Standard Contract Form including the Instructions and Contractor Ceand additional negotiated terms opprovided 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 pains and pport compliance, and agrees that all terms governing performance of this Contract and doing to the following hierarchy of document precedence, the applicable Commonwealth Terms and riffications, the Request for Response (RFR) or other solicitation, the Contractor's Response, cedence over the relevant terms in the RFR and the Contractor's Response only if made using ad RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: (Signature and Date Must Be Handwritten At Tithe of Signature) Print Name: Print Title:	

(Updated 1/4/2018) Page 1

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www.mass.govrose under Caldance Por Ve	ildors - Forms or www.mass.gov/c	osa unael OSD Folms.		
CONTRACTOR LEGAL NAME: TOWN OF WESTBOROUGH		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs		
Legal Address: (W-9, W-4,T&C):		MMARS Department Code: ELD Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108		
34 WEST MAIN ST WESTBOROUGH MA 01581		Dubinios maining Address. Ashburton Flace Room 517, Boston, MA 02108		
Contract Manager: Alma DeManche		Billing Address (if different):		
E-Mail: ademanche@town.westborough.ma.us		Contract Manager: Stacey O'Connell		
<u>Phone</u> : 508-366-3000	Fax:	E-Mail: Stacey.O'Conneil@MassMail.state.	ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 4 2		Phone:1-617-222-7419	Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD <u>001</u> .		MMARS Doc ID(s): FY18COAWestborough00		
Note: The Address Id Must be set up for <u>EFT</u> payments.)		RFR/Procurement or Other ID Number: Grant Award		
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only)		CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment:, 20		
Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget)		Enter Amendment Amount: \$ (or "no change")		
Department Procurement (includes State or Federal of	rants 815 CMR 2.00)	AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.) Amendment to Scope or Budget (Attach updated scope and budget)		
(Attach RFR and Response or other procurement supp Emergency Contract (Attach justification for emergen	orting documentation) icv. scope. budget)	Interim Contract (Attach justification for Interim Contract and updated scope/budget)		
Contract Employee (Attach Employment Status Form	Contract Employee (Attach Employment Status Form, scope, budget)		Contract Employee (Attach any updates to scope or budget)	
X Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget		Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)		
The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract. X Commonwealth Terms and ConditionsCommonwealth Terms and Conditions For Human and Social Services.			eference into this Contract.	
COMPENSATION: (Check ONE ontion): The Departs			f. D. Jones D. Control of the	
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$25,683.70				
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c, 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.) BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute-a formula grant award to the Councils on Aging of				
the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2016,—6/60/2017. 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				
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 CMB-2+97, 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:				
(Wedged 1/4/2018) Page 1				

(Undated 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: FOWN OF WESTFORD	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD			
Legal Address; (W-9, W-4,T&C); 55 MAIN ST WESTFORD MA 01886	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108			
Contract Manager: Jennifer Claro	Billing Address (if different):			
E-Mail: jclaro@westfordma.gov	Contract Manager: Stacey O'Connell			
Phone: 413-562-6435 Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us			
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 4 5	Phone:1-617-222-7419 Fax: 1-617-727-9368			
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY18COAWestford00000			
Note: The Address Id Must be set up for <u>EFT payments.</u>)	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 fun Rate Contract. (No Maximum Obligation. Attach details of all rates, units, calculation X. Maximum Obligation Contract. Enter Total Maximum Obligation for total duration of PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through the property of the payment issued within 10 days. PPD; Payment issued of the payment is p	horized performance accepted in accordance with the terms of this Contract will be supported dis, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. s, conditions or terms and any changes if rates or terms are being amended.) [This Contract (or new Total if Contract is being amended). \$32,534.00 gh EFT 45 days from invoice receipt. Contractors requesting accelerated payments must within 15 days % PPD: Payment issued within			
30 days % PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.) BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2017 – 6/30/2018. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.				
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:				
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 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: Date: 3 9 18. (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

10.00

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 Ve	nuors - Forms of www.mass.g	oviosa under OSU Forms.		
CONTRACTOR LEGAL NAME: TOWN OF WILLIAMSTOWN		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4,T&C): 31 NORTH ST WILLIAMSTOWN MA 01267-2003		Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108		
Contract Manager: Brian O'Grady		Billing Address (if different):	Billing Address (if different):	
E-Mail: bogrady@williamstownma.gov		Contract Manager: Stacey O'Connell		
Phone: 508-366-3000	Fax:	E-Mail: Stacey.O'Connell@MassMail.stat	e.ma.us	
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 6 0		Phone:1-617-222-7419	Fax: 1-617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD001.		MMARS Doc ID(s): FY18COAWillia	MMARS Doc ID(s): FY18COAWilliamstown0	
Note: The Address Id Must be set up for <u>EFT</u> payments.)		RFR/Procurement or Other ID Number: Grant Award		
X NEW CONTRACT		CONTRACT AMENDMENT		
PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department)		Enter Current Contract End Date <u>Prior</u> to Amendment:, 20		
Collective Purchase (Attach OSD approval, scope, but		Enter Amendment Amount: \$ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)		
Department Procurement (includes State or Federal	,	Amendment to Scope or Budget (Attach updated scope and budget)		
(Attach RFR and Response or other procurement supp Emergency Contract (Attach justification for emerger	• .		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	Contract Employee (Attach any updates to scope or budget)	
X Legislative/Legal or Other: (Attach authorizing la scope and budget	nguage/justification,		Legislative/Legal or Other: (Attach authorizing language/justification and updated scope	
	ONDITIONS (T&C) has been e		and budget) cuted, filed with CTR and is incorporated by reference into this Contract.	
X_Commonwealth Terms and Conditions	Commonwealth Terms a	nd Conditions For Human and Social Services.		
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$20,351.00\$				
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, § 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. Furthermay support Council on Aging activities a identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2016 - 6/30/2014. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.				
ANTICIPATED START DATE: (Complete ONE option	on only) The Department and C	ontractor certify for this Contract, or Contract Ame	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	e 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 <u>July 1st, 2017</u> , 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 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 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's Response terms and Date Must Be Handwritten At Time of Signature) Print Name: Date:			art Date specified above, subject to any required the if not attached hereto) under the pains and overning performance of this Contract and doing lence, the applicable Commonwealth Terms and or other solicitation, the Contractor's Response, at the Contractor's Response only if made using hower costs, or a more cost effective Contract. COMMONWEALTH: Date: Date:	
<u> </u>		and co	ATRIOTING -	

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

<u>Contractor Legal Name</u> : Town of Yarmouth	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs			
	MMARS Department Code: ELD			
<u>Legal Address</u> : (W-9, W-4,T&C) : 1146 ROUTE 28 SOUTH YARMOUTH MA 02664-4463	Business Mailing Address: 1 Ashburton Place Room 517, Boston, MA 02108			
Contract Manager: Kathi Bailey	Billing Address (if different):			
E-Mail: kbailey@yarmouth.ma.us	Contract Manager: Stacey O'Connell			
Phone: Fax:	E-Mail: Stacey.O'Connell@MassMail.state.ma.us			
Contractor Vendor Code: V C 6 0 0 0 1 9 2 0 6 9	Phone:1-617-222-7419 Fax: 1-617-727-9368			
Vendor Code Address ID (e.g. "AD001"): AD001.	MMARS Doc ID(s): FY 18 C O A Yarmouth 0 0 0 0 0			
Note: The Address id Must be set up for <u>EFT</u> payments.)	RFR/Procurement or Other ID Number: Grant Award			
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) 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 ext. X Commonwealth Terms and Conditions	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20 Enter Amendment Amount: \$ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.) Amendment to Scope or Budget (Attach updated scope and budget) Interim Contract (Attach justification for Interim Contract and updated scope/budget) Contract Employee (Attach any updates to scope or budget) Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)			
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$85,961.00 PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must				
identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: X agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)				
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This contract is to locally distribute a formula grant award to the Councils on Aging of the municipalities of the Commonwealth. The award amount is determined by a census-based allocation of available grant funding. Funds may support Council on Aging activities as identified in the annually published COA Formula Grant Guide. The activity performance period for this award is 7/1/2017 – 6/30/2018. The municipality will complete a final fiscal report accounting for how these grant funds were applied. Ongoing eligibility for formula grant funding is contingent on satisfactory prior year performance.				
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:				
CONTRACT END DATE: Contract performance shall terminate as of June 30th, 2018 with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.				
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: X: (Signature and Date Must Be Handwritten At Time of Signature)				
Print Title: Town As minstrator.	Print Title: Print Title: and Ontractory			

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