

Forms are also posted at COD I offis. https://www.med	30,907/11010/000 10/1110			
CONTRACTOR LEGAL NAME: TOWN OF ABINGTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 500 GLINIEWICZ WAY, ABINGTON, MA 02351-2058		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: SUZANNE DJUSBERG	Phone: 781-982-2145	Billing Address (if different):		
E-Mail: Sdjusberg@abingtonma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191688		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001		MMARS Doc ID(s): 02082200000000000006		
(Note: The Address ID must be set up for EFT pays		RFR/Procurement or Other ID Number: MGL c. 40 s. 88	В	
X NEW CONTRA	ACT	CONTRACT AMEND		
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 all Grants - 815 CMR 2.00) (Solicitation Notice or 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 Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception 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 Date, 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) Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)		
The Standard Contract Form Instructions and Co into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Condition	ONE option):Commonwealth T	llowing Commonwealth Terms and Conditions document Ferms and Conditions X Commonwealth Terms and Conditions	t are incorporated by reference	
in the state accounting system by sufficient appropria X Rate Contract. (No Maximum Obligation) Attac Maximum Obligation Contract. Enter total max	ations or other non-appropriated fun ch details of all rates, units, calculati imum obligation for total duration of	thorized performance accepted in accordance with the terms alds, subject to intercept for Commonwealth owed debts under ions, conditions or terms and any changes if rates or terms a this contract (or <i>new</i> total if Contract is being amended). \$_	re being amended.)	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must idea 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 % PPD. If PPD percentages are left blank, identify reason: X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial pay (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 10-year contract will cover grant funds to municipal Councils on Aging (COA) of Commonwealth authorized through the annual GAA and other sources. The activity performance period for year one of this contract is 7/1/2021-6/30/2022. The COAs established MGL provide social and support services to older adults, their families and caregivers. The annual award is determined by the number of elders per municipality as per the most recensus data, at a current rate of \$12 per person. This contract will cover any rate adjustment or increase during the 10-year period. Each municipal COA will complete an annual freport describing how these grant funds were applied. All approved obligations incurred prior to the latest signature data are intended to be part of this agreement and the amount			29, § 23A); only initial payment al Councils on Aging (COA) of the D/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
the prior obligation for year one is funded in the FY2 ANTICIPATED START DATE: (Complete ONE opt	ion only) The Department and Cont	ractor certify for this Contract, or Contract Amendment, that (Contract obligations:	
1, may be incurred as of the Effective Date (lates	t signature date below) and no oblig	gations have been incurred prior to the Effective Date.		
X 3. were incurred as of July 1, 20 21, a da	te PRIOR to the Effective Date belonger	w and <u>no</u> obligations have been incurred <u>prior</u> to the Effectiv ow, and the parties agree that payments for any obligations in rement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the	ncurred prior to the Effective Date all obligations under this Contract	
amended, provided that the terms of this Contract completing any negotiated terms and warranties, to	and performance expectations and allow any close out or transition per	0_32, with no new obligations being incurred after this of d obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for ny lapse between amendments.	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further 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, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department a unacceptable, 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 made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.				
X: (Signature and Date Must Be Captured Print Name:	1. (AUTHORIZING SIGNATURE FOR THE COMMONWE X: D. (Signature and Date Must Be Captured A Print Name: D. W. J.	ate: <u>3/1/22</u> . At Time of Signature)	
Print Name: Scott 1 and 3 control of the state of the sta		Mecountry		



Forms are also posted at OSD Forms: https://www.mass	s.gov/lists/osd-forms	**				
CONTRACTOR LEGAL NAME: TOWN OF ACTON		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs				
(and d/b/a):		MMARS Department Code: ELD				
Legal Address: (W-9, W-4): 472 MAIN ST, ACTON, M		Business Mailing Address: 1 Ashburton PI, Boston	WIA UZ 100			
Contract Manager: SHARON MERCURIO	Phone: 978-929-6652	Billing Address (if different):	Phone: 617-222-7419			
E-Mail: smercurio@acton-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell				
Contractor Vendor Code: VC6000191689		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368			
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000006	AD.			
(Note: The Address ID must be set up for EFT paym		RFR/Procurement or Other ID Number: MGL c. 40 s.				
X NEW CONTRA		CONTRACT AMEN				
PROCUREMENT OR EXCEPTION TYPE: (Check on		Enter Current Contract End Date <u>Prior</u> to Amendment Enter Amendment Amount: \$ (or "no chang	ALL THE STATE OF T			
Statewide Contract (OSD or an OSD-designated Collective Purchase (Attach OSD approval, scope		AMENDMENT TYPE: (Check one option only. Attach				
Department Procurement (includes all Grants - 8	15 CMR 2.00) (Solicitation	Amendment to Date, Scope or Budget (Attach upd	ated scope and budget)			
Notice or RFR, and Response or other procureme Emergency Contract (Attach justification for emer	ent supporting documentation)	Interim Contract (Attach justification for Interim Con	tract and updated scope/budget)			
Contract Employee (Attach Employment Status F	orm, scope, budget)	Contract Employee (Attach any updates to scope of Other Procurement Exception (Attach authorizing I	nudget)			
X Other Procurement Exception (Attach authorizi specific exemption or earmark, and exception justif	ng language, legislation with	scope and budget)	anguage/justineation and updated			
The Standard Contract Form Instructions and Con	tractor Certifications and the fol	lowing Commonwealth Terms and Conditions docume	ent are incorporated by reference			
into this Contract and are legally binding: (Check of	ONE option): <u>Commonwealth T</u>	erms and Conditions X Commonwealth Terms and Con	ditions For Human and Social			
Services Commonwealth IT Terms and Conditions		havized newformance accounted in accordance with the term	ns of this Contract will be supported			
in the state accounting system by sufficient appropriate	ions or other non-appropriated fun	horized performance accepted in accordance with the term ds, subject to intercept for Commonwealth owed debts un	der 815 CMR 9.00.			
X Rate Contract. (No Maximum Obligation) Attack	n details of all rates, units, calculati	ons, conditions or terms and any changes it rates or terms	are being amended.)			
		this contract (or <i>new</i> total if Contract is being amended).				
PROMPT PAYMENT DISCOUNTS (PPD): Common	wealth payments are issued throug	h EFT 45 days from invoice receipt, Contractors requesting	accelerated payments must identify PPD: Payment issued within 30 days			
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 (M.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 10-year contract will cover grant funds to municipal Councils on Aging (COA) of the Commonwealth authorized through the annual GAA and other sources. The activity performance period for year one of this contract is 7/1/2021-6/30/2022. The COAs established by						
MCI provide social and support services to older adu	Its their families and caregivers. T	he annual award is determined by the number of elders pe	er municipality as per the most recent			
census data, at a current rate of \$12 per person. This	contract will cover any rate adjust	ment or increase during the 10-year period. Each municipa prior to the latest signature date are intended to be part of	al COA will complete an annual fiscal			
the prior obligation for year one is funded in the FY22	award. The deadline to submit th	e signed contract is 6/30/22. MA #1.				
ANTICIPATED START DATE: (Complete ONE option	on only) The Department and Cont	ractor certify for this Contract, or Contract Amendment, that	at Contract obligations:			
1. may be incurred as of the Effective Date (latest	signature date below) and no oblig	gations have been incurred prior to the Effective Date.	tivo Data			
2. may be incurred as of, 20, a date LA	TER than the Effective Date below	v and <u>no</u> obligations have been incurred <u>prior</u> to the Effective, and the parties agree that payments for any obligations	s incurred prior to the Effective Date			
are authorized to be made either as settlement to	payments or as authorized reimbur	sement 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 sh	all terminate as of <u>June 30</u> , 2	0 32 , with no new obligations being incurred after this obligations shall survive its termination for the purpose	date unless the Contract is properly of resolving any claim or dispute, for			
amended, provided that the terms of this Contract a completing any negotiated terms and warranties, to a	illow any close out or transition per	formance, reporting, invoicing or final payments, or during	any lapse between amendments.			
CERTIFICATIONS: Notwithstanding verbal or other	representations by the parties, th	e "Effective Date" of this Contract or Amendment shall t	be the latest date that this Contract or			
Amandment has been executed by an authorized significant	anatory of the Contractor, the Den	artment, or a later Contract or Amendment Start Date sp	ecified above, subject to any required			
approvals. The Contractor certifies that they have accompanied under the Standard Contract Form Instruction	cessed and reviewed all documents	s incorporated by reference as electronically published and	the Contractor makes all certifications 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	required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further 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, the Standard Contract F			" 0' 1 10 1 15			
Lata the and Contractor Continuations, the Board	ent precedence, the applicable Co	edicitation, the Contractor's Response (excluding any la	act Form, the Standard Contract Form			
Instructions and Contractor Certifications, the Requ	est for Response (RFR) or other ded that additional negotiated term	solicitation, the Contractor's Response (excluding any labels will take precedence over the relevant terms in the RFR	inguage stricken by a Department as and the Contractor's Response only if			
Instructions and Contractor Certifications, the Requ unacceptable, and additional negotiated terms, provi made using the process outlined in 801 CMR 21.07,	est for Response (RFR) or other ded that additional negotiated term	mmonwealth Terms and Conditions, this standard Condi- solicitation, the Contractor's Response (excluding any la s will take precedence over the relevant terms in the RFR any amended RFR or Response terms result in best value	inguage stricken by a Department as and the Contractor's Response only if			
Instructions and Contractor Certifications, the Requunacceptable, and additional negotiated terms, provimade using the process outlined in 801 CMR 21.07, Contract.	est for Response (RFR) or other ded that additional negotiated term incorporated herein, provided that	solicitation, the Contractor's Response (excluding any lass will take precedence over the relevant terms in the RFR any amended RFR or Response terms result in best value	inguage stricken by a Department as and the Contractor's Response only if a, lower costs, or a more cost effective			
Instructions and Contractor Certifications, the Requunacceptable, and additional negotiated terms, provimade using the process outlined in 801 CMR 21.07, Contract. AUTHORIZING SIGNATURE FOR THE CONTRACT	est for Response (RFR) or other ded that additional negotiated term incorporated herein, provided that	solicitation, the Contractor's Response (excluding any less will take precedence over the relevant terms in the RFR any amended RFR or Response terms result in best value AUTHORIZING SIGNATURE FOR THE COMMONV	inguage stricken by a Department as and the Contractor's Response only if e, lower costs, or a more cost effective			
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Instructions and Contractor Certifications, the Requunacceptable, and additional negotiated terms, provimade using the process outlined in 801 CMR 21.07, Contract. AUTHORIZING SIGNATURE FOR THE CONTRACT	est for Response (RFR) or other ded that additional negotiated term incorporated herein, provided that TOR: Date: 3/1/12 2. At Time of Signature)	solicitation, the Contractor's Response (excluding any less will take precedence over the relevant terms in the RFR any amended RFR or Response terms result in best value AUTHORIZING SIGNATURE FOR THE COMMONV	inguage stricken by a Department as and the Contractor's Response only if a lower costs, or a more cost effective VEALTH:			



Forms are also posted at OSD Forms: https://www.mass	s.gov/iists/osa-iorms.			
CONTRACTOR LEGAL NAME: TOWN OF ACUSHNET (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 122 MAIN ST, ACUSHNET, MA 02743-1548		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: HEATHER SYLVIA	Phone: 508-998-0280	Billing Address (if different):		
E-Mail: hsylvia@acushnet.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191690		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000006		
(Note: The Address ID must be set up for EFT paym	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
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 all Grants - 815 CMR 2 00) (Solicitation		CONTRACT AMEND Enter Current Contract End Date <u>Prior</u> to Amendment: Enter Amendment Amount: \$ (or "no change" AMENDMENT TYPE: (Check one option only. Attach dAmendment to Date, Scope or Budgst (Attach update)	, 20 ") letails of amendment changes.) ted scope and budget)	
Department Procurement (includes all Grants - also Civit 2 db) (solicitation) Notice or 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 Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		Interim Contract (Attach justification for Interim Contract Contract Employee (Attach any updates to scope or to the Procurement Exception (Attach authorizing lar scope and budget)	act and updated sccpe/budget) budget) nguage/justification and updated	
into this Contract and are legally binding: (Check C Services Commonwealth IT Terms and Conditions	ONE option):Commonwealth T	lowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Cond	MIONS FOI HUMAN AND SOCIAL	
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. X 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). \$				
a PPD as follows: Payment issued within 10 days	_% PPD; Payment issued within 15 v reason: _X_agree to standard 45 d EFT 45 day payment cycle. See F	n EFT 45 days from invoice receipt. Contractors requesting a 5 days % PPD; Payment issued within 20 days % PI day cycle statutory/legal or Ready Payments (M.G.L. c. Prompt Pay Discounts Policy.) ENT: This 10-year contract will cover grant funds to municip	29, § 23A); only initial payment	
Commonwealth authorized through the annual GAA a MGL provide social and support services to older adu	Ind other sources. The activity perfolgs, their families and caregivers. The contract will cover any rate adjustrons. All approved obligations incurred.	ormance period for year one of this contract is 7/1/2/21-6/3 he annual award is determined by the number of elders per nent or increase during the 10-year period. Each municipal prior to the latest signature date are intended to be part of the	municipality as per the most recent COA will complete an annual fiscal	
ANTICIPATED START DATE: (Complete ONE option 1. may be incurred as of the Effective Date (latest	on only) The Department and Contr signature date below) and <u>no</u> oblig	actor certify for this Contract, or Contract Amendment, that attended to the Effective Date.		
2, may be incurred as of .20 , a date LA	TER than the Effective Date below	w and <u>no</u> obligations have been incurred <u>prior</u> to the Effective Date.		
are authorized to be made either as settlement pare attached and incorporated into this Contract.	payments or as authorized reimburs Acceptance of payments forever	w, and the parties agree that payments for any obligations is sement payments, and that the details and circumstances o releaces the Commonwealth from further claims related to t	hese obligations.	
CONTRACT END DATE: Contract performance sha amended, provided that the terms of this Contract a completing any negotiated terms and warranties, to a	all terminate as of <u>June 30</u> , 20 and performance expectations and llow any close out or transition per	0.32 , with no new obligations being incurred after this obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during a	date unless the Contract is properly f resolving any claim or dispute, for ny 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 certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further 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, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, 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 it 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:			At Time of Signature)	



also posted at OSD Forms: https://www.mass.gov/iists/c	iau-iuilia.		
CONTRACTOR LEGAL NAME: TOWN OF ADAMS		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
(and d/b/a):		MMARS Department Code: ELD Business Mailing Address: 1 Ashburton PI, Boston M	Δ 02108
Legal Address: (W-9, W-4): 8 PARK ST, ADAMS, MA			
Contract Manager: Sarah Fontaine	Phone: 413-743-8333	Billing Address (if different):	Phone: 617-222-7419
E-Mail: sfontaine@town.adams.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Fax: 617-727-9368
Contractor Vendor Code: VC6000191691		E-Mail: Stacey.oconnell@mass.gov	Fax. 017-727-5500
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 0208220000000000000	
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X NEW CONTRA	CT	CONTRACT AMEND	
PROCUREMENT OR EXCEPTION TYPE: (Check or		Enter Current Contract End Date <u>Prior</u> to Amendment: for "no change" for "no change"	
Statewide Contract (OSD or an OSD-designated	Department)	AMENDMENT TYPE: (Check one option only. Attach de	etails of amendment changes.)
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8	15 CMR 2.00) (Solicitation	Amendment to Date, Scope or Budget (Attach update	
Notice or RFR, and Response or other procureme	ent supporting documentation)	Interim Contract (Attach justification for Interim Contra	act and updated scope/budget)
Emergency Contract (Attach justification for eme Contract Employee (Attach Employment Status F	rgency, scope, budget)	Contract Employee (Attach any updates to scope or b	udget)
X Other Procurement Exception (Attach authorize	ing language, legislation with	Other Procurement Exception (Attach authorizing lan	guage/justification and updated
specific exemption or earmark, and exception justi	fication, scope and budget)	scope and budget)	t la company de la lacción de la company
The Standard Contract Form Instructions and Con	ntractor Certifications and the foll	owing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Conditions	tions For Human and Social
Services Commonwealth IT Terms and Conditions	Sine option)	Sills and Conditions A Commonwealth Terms and Sensit	
COMPENSATION: (Check ONE option): The Departs	ment certifies that payments for auth	porized performance accepted in accordance with the terms	of this Contract will be supported
in the state accounting eyetem by sufficient appropria	tions or other non-appropriated fund	is, subject to intercept for Commonwealth owed debts unde	013 CIVIN 9.00.
X Rate Contract, (No Maximum Obligation) Attac	n details of all rates, units, calculation	ons, conditions or terms and any changes if rates or terms a	te being amended.)
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PROMPT PAYMENT DISCOUNTS (PPD): Common	wealth payments are issued through	EFT 45 days from invoice receipt. Contractors requesting a sidays % PPD; Payment issued within 20 days % PP	D: Payment issued within 30 days
0/, DDD If DDD percentages are left blank identif	v reason: X agree to standard 45	day cycle statutory/legal of Ready Payments (W.G.L. c.	29, § 23A); only initial payment
(subsequent payments scheduled to support standar	d EFT 45 day payment cycle. See F	rompt Pay Discounts Policy.)	
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MCI provide applied and support sonices to older adu	ilts their families and caregivers It	ne annual award is determined by the number of elders per	municipality as per the most recent
across data at a current rate of \$12 per person. This	s contract will cover any rate adjusting	nent or increase during the 10-year period. Each municipal v	COA WIII COMPlete an annual nocal
report describing how these grant funds were applied the prior obligation for year one is funded in the FY22	I. All approved obligations incurred 2 award The deadline to submit the	orior to the latest signature date are intended to be part of the signed contract is 6/30/22. MA #1.	is agreement and the amount of
ANTICIPATED START DATE: (Complete ONE opti-	on only) The Department and Contra	actor certify for this Contract, or Contract Amendment, that of	Contract obligations:
1, may be incurred as of the Effective Date (latest	t signature date below) and no oblig	ations have been incurred prior to the Effective Date.	
2 may be incurred as of . 20 . a date L	ATER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.
X 3. were incurred as of July 1, 20 21, a da	te PRIOR to the Effective Date below	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of	curred prior to the Effective Date
are attached and incorporated into this Contract	payments or as authorized reinburs t. Acceptance of payments forever	releases the Commonwealth from further claims related to the	nese obligations.
CONTRACT END DATE: Contract performance sh	all terminate as of June 30 20	with no new obligations being incurred after this of	date unless the Contract is properly
amanded provided that the tarme of this Contract	and performance expectations and	obligations shall survive its termination for the purpose of	resolving any claim of dispute, for
		ormance, reporting, invoicing or final payments, or during a	
CERTIFICATIONS : Notwithstanding verbal or othe	r representations by the parties, the	e "Effective Date" of this Contract or Amendment shall be	the latest date that this Contract or
Amendment has been executed by an authorized s	gnatory of the Contractor, the Departments	artment, or a later Contract or Amendment Start Date spec incorporated by reference as electronically published and the	ie Contractor makes all certifications
as a wise dunder the Standard Contract Form Instruction	one and Contractor Certifications un	der the pains and behaltles of berlury, and further agrees to	provide any required documentation
unan regulact to aumort compliance, and garage the	at all terms governing performance of	of this Contract and doing business in Massachusells are al	lactied of incorporated by reference
Instructions and Contractor Cartifications the Page	ject for Resnance (RFR) or other	mmonwealth Terms and Conditions, this Standard Contract solicitation, the Contractor's Response (excluding any lang	duage suicken by a Department as
	ided that additional penntiated terms	s will take precedence over the relevant terms in the KFK at	nd the Contractor's Response only in
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 CONTRACT	TOR	■ AUTHORIZING SIGNATURE FOR THE COMMONWE	ALTH: , ,
		AUTHORIZING SIGNATURE FOR THE COMMONWE X:	sta: 6/14/22
X: Kuy / Reev / (Signature and Date Must Be Captured	_ Date:	(Signature and Date Must Be Captured A	At Time of Signature)
Print Name: Jay R. GABEN	At Time or orginature)	Print Name: Haron Beitman	
Print Title: Town ADMINISME	ahr.	Print Title: Director of Contracts a	M Accorn Ming
THIR THE TOWN PADE IT IT IN		- 12 (2.10) () () () () () () () () () (



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Forms are also posted at OSD Forms: https://www.mas	s,govnisisiosu-ioittis,		eway variation to be no	
CONTRACTOR LEGAL NAME: TOWN OF AGAWAM (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 36 MAIN ST, AGAWAM, MA 01001-1801		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: MICHAEL SQUINDO	Phone: 413-821-0605	Billing Address (if different):		
E-Mail: msquindo@agawam.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191692	•	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000006		
(Note: The Address ID must be set up for EFT payn		RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRACT CONTRACT AMENDMENT		MENT		
PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Enter Current Contract End Date Prior to Amendment:, 20				
Statewide Contract (OSD or an OSD-designated	LAST LAST LAST SERVICE	Enter Amendment Amount: \$ (or "no change"		
Collective Purchase (Attach OSD approval, scop		AMENDMENT TYPE: (Check one option only. Attach de		
Department Procurement (includes all Grants - 8 Notice or RFR, and Response or other procurem	ent supporting documentation)	Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra	ect and undated scope/budget)	
Emergency Contract (Attach justification for eme	rgency, scope, budget)	Contract Employee (Attach any updates to scope or b	udget)	
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz	orm, scope, budget)	Other Procurement Exception (Attach authorizing lan	iguage/justification and updated	
specific exemption or earmark, and exception justi	fication, scope and budget)	scope and budget)		
The Standard Contract Form Instructions and Colinto this Contract and are legally binding: (Check Services Commonwealth IT Terms and Conditions	ONE option):Commonwealth T	lowing Commonwealth Terms and Conditions documenterms and Conditions X Commonwealth Terms and Conditions	t are incorporated by reference tions For Human and Social	
COMPENSATION: (Check ONE option): The Departs	ment certifies that payments for aut	horized performance accepted in accordance with the terms	of this Contract will be supported	
in the state accounting system by sufficient appropria	itions or other non-appropriated fun	ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a	r 815 CMR 9.00. re being amended.)	
Maximum Obligation Contract. Enter total maxi	mum obligation for total duration of	this contract (or new total if Contract is being amended). \$_		
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; 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 (M.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 10-year contract will cover grant funds to municipal Councils on Aging (COA) of the Commonwealth authorized through the annual GAA and other sources. The activity performance period for year one of this contract is 7/1/2021-6/30/2022. The COAs established by MGL provide social and support services to older adults, their families and caregivers. The annual award is determined by the number of elders per municipality as per the most recent				
report describing how these grant funds were applied the prior obligation for year one is funded in the FY22	I. All approved obligations incurred	ment or increase during the 10-year period. Each municipal of prior to the latest signature date are intended to be part of the signed contract is 6/30/22. MA #1.	is agreement and the amount of	
ANTICIPATED START DATE: (Complete ONE option	on only) The Department and Contr	ractor certify for this Contract, or Contract Amendment, that 0	Contract obligations:	
1. may be incurred as of the Effective Date (latest	signature date below) and no oblig	pations have been incurred prior to the Effective Date.	2	
		y and <u>no</u> obligations have been incurred <u>prior</u> to the Effective		
are authorized to be made either as settlement	payments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the	all obligations under this Contract	
amended, provided that the terms of this Contract a	and performance expectations and	0.32 , with no new obligations being incurred after this d obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during ar	resolving any claim or dispute, for	
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 certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further 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, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: AUTHORIZING SIGNATURE FOR THE CONTRACTOR:				
X: Use Date: 3:11-22 (Signature and Date Must Be Captured At Time of Signature) Print Name: Set III Set Date: 3120122. (Signature and Date Must Be Captured At Time of Signature) Print Name: Print Name: Print Name:			ate: 3122122. t Time of Signature)	
Print Title:		Print Title: VIVECHE OF COMMALIS AM	THE CONTRACT	



Forms are also posted at OSD Forms: https://www.mass	s.gov/lists/osd-forms.				
CONTRACTOR LEGAL NAME: TOWN OF ALFORD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD			
Legal Address: (W-9, W-4): 5 ALFORD CENTER RD, GREAT BARRINGTON, MA 01230-8920		Business Mailing Address: 1 Ashburton PI, Boston MA 02108			
Contract Manager: THEA BASIS	Phone: 413-528-9238	Billing Address (if different):			
E-Mail: offices@townofalford.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419		
Contractor Vendor Code: VC6000191687		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368		
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 0208220000000000006			
(Note: The Address ID must be set up for EFT paym	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В		
X NEW CONTRA	СТ	CONTRACT AMEND	MENT		
PROCUREMENT OR EXCEPTION TYPE: (Check on	25	Enter Current Contract End Date Prior to Amendment:	, 20 <u></u>		
Statewide Contract (OSD or an OSD-designated	CALL STATE OF THE	Enter Amendment Amount: \$ (or "no change"	Control of the contro		
Collective Purchase (Attach OSD approval, scope	e, budget)	AMENDMENT TYPE: (Check one option only. Attach d			
Department Procurement (includes all Grants - 8 Notice or RFR, and Response or other procurement	ent supporting documentation)	Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra	ed scope and budget)		
Emergency Contract (Attach justification for emergency)	rgency, scope, budget)		oudget)		
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authorizi	orm, scope, budget)	Other Procurement Exception (Attach authorizing lan	nguage/justification and updated		
specific exemption or earmark, and exception justif	fication, scope and budget)	scope and budget)			
The Standard Contract Form Instructions and Coninto this Contract and are legally binding: (Check Contracts Commonwealth IT Terms and Conditions	ONE option): Commonwealth T	lowing Commonwealth Terms and Conditions documenterms and Conditions X Commonwealth Terms and Condi	t are incorporated by reference tions For Human and Social		
COMPENSATION: (Check ONE option): The Departr in the state accounting system by sufficient approprial X Rate Contract. (No Maximum Obligation) Attact	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. X 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). \$				
			accelerated payments must identify		
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 (M.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 10-year contract will cover grant funds to municipal Councils on Aging (COA) of the Commonwealth authorized through the annual GAA and other sources. The activity performance period for year one of this contract is 7/1/2021-6/30//2022. The COAs established by MGL provide social and support services to older adults, their families and caregivers. The annual award is determined by the number of elders per municipality as per the most recent census data, at a current rate of \$12 per person. This contract will cover any rate adjustment or increase during the 10-year period. Each municipal COA will complete an annual fiscal report describing how these grant funds were applied. All approved obligations incurred prior to the latest signature date are intended to be part of this agreement and the amount of the prior obligation for year one is funded in the FY22 award. The deadline to submit the signed contract is 6/30/22. MA #1.					
ANTICIPATED START DATE: (Complete ONE option	on only) The Department and Contr	actor certify for this Contract, or Contract Amendment, that 0	Contract obligations:		
1. may be incurred as of the Effective Date (latest	signature date below) and no oblig	ations have been incurred prior to the Effective Date.	or average		
2. may be incurred as of, 20, a date LA	ATER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.		
are authorized to be made either as settlement to	payments or as authorized reimbur	w, and the parties agree that payments for any obligations is sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the	all obligations under this Contract		
amended, provided that the terms of this Contract a completing any negotiated terms and warranties, to a	and performance expectations and allow any close out or transition per	0.32 , with no new obligations being incurred after this of obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for ny 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 certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further 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, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:					
X: Signature and Date Must Be Captured At Time of Signature) Print Name: CHARLES T. KETCHEN Print Title: CHARLES B.O.S. X: (Signature and Date Must Be Captured At Time of Signature) Print Name: Lawren Devimen Print Title: Whitever (contracts on becoming)		ate: 4010 C. At Time of Signature) Will Covally, 5084			



Forms are also posted at OSD Forms: https://www.mass.gov/lists/osd-forms.				
CONTRACTOR LEGAL NAME: CITY OF AMESBURY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 62 FRIEND ST, AMESBURY, MA 01913-2825		Business Mailing Address: 1 Ashburton Pl, Boston MA 02108		
Contract Manager: DOREEN ARNFIELD Phone: 978-388-8138		Billing Address (if different):		
E-Mail: arnfieldd@amesburyma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191693		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000006		
(Note: The Address ID must be set up for EFT paym	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	3	
X NEW CONTRA	CT	CONTRACT AMENDA		
PROCUREMENT OR EXCEPTION TYPE: (Check on	2200 200 200 200 200 200 200 200 200 20	Enter Current Contract End Date Prior to Amendment:	ACCOMPANIES	
Statewide Contract (OSD or an OSD-designated	Department)	Enter Amendment Amount: \$ (or "no change")		
Collective Purchase (Attach OSD approval, scope	e, budget)	AMENDMENT TYPE: (Check one option only. Attach de		
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Emergency Contract (Attach justification for emer	gency, scope, budget)	Contract Employee (Attach any updates to scope or but		
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authorizi	orm, scope, budget)	Other Procurement Exception (Attach authorizing language)	guage/justification and updated	
specific exemption or earmark, and exception justif	ication, scope and budget)	scope and budget)		
The Standard Contract Form Instructions and Con Into this Contract and are legally binding: (Check C ServicesCommonwealth IT Terms and Conditions	ONE option): Commonwealth T	llowing Commonwealth Terms and Conditions document forms and Conditions X Commonwealth Terms and Condit	are incorporated by reference ions For Human and Social	
in the state accounting system by sufficient appropriat X Rate Contract. (No Maximum Obligation) Attach	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. X 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). \$			
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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 (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)				
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ANTICIPATED START DATE: (Complete ONE optio	n only) The Department and Contr	actor certify for this Contract, or Contract Amendment, that C	Contract obligations:	
1. may be incurred as of the Effective Date (latest	signature date below) and <u>no</u> oblig	pations have been incurred prior to the Effective Date.	Data	
2. may be incurred as of, 20, a date LA	TER than the Effective Date below	vand <u>no</u> obligations have been incurred <u>prior</u> to the Effective w, and the parties agree that payments for any obligations in	curred prior to the Effective Date	
are authorized to be made either as settlement of	avments or as authorized reimburs	sement 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 th	ese obligations.	
amended, provided that the terms of this Contract a	nd performance expectations and	0.32, with no new obligations being incurred after this de obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
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 certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further 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, the Standard Contract Form instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X:				
Print Title: Nayor Print Title: Divider of Contracts and Russian			s and Australia	



Forms are also posted at OSD Forms: https://www.mas	s.gov/lists/osd-forms.		
CONTRACTOR LEGAL NAME: TOWN OF AMHERST (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 4 BOLTWOOD AVE, AMHERST, MA 01002-2301		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: HAYLEY BOLTON	Phone: 413-259-3060	Billing Address (if different):	
E-Mail: boltonh@amherst.ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191695		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000006	
(Note: The Address ID must be set up for EFT paym	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 88	8
X NEW CONTRAC	CT	CONTRACT AMENDA	
PROCUREMENT OR EXCEPTION TYPE: (Check on	700 70165	Enter Current Contract End Date Prior to Amendment:	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change")	
Collective Purchase (Attach OSD approval, scope	e, budget)	AMENDMENT TYPE: (Check one option only. Attach de	The state of the s
Department Procurement (includes all Grants - 8 Notice or RFR, and Response or other procurement	ent supporting documentation)	Amendment to Date, Scope or Budget (Attach update	
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Contract Employee (Attach Employment Status F- X Other Procurement Exception (Attach authorizing)		Contract Employee (Attach any updates to scope or bu Other Procurement Exception (Attach authorizing language)	
specific exemption or earmark, and exception justif		scope and budget)	guage/justilioation and appatied
		lowing Commonwealth Terms and Conditions document erms and Conditions _X_ Commonwealth Terms and Condit	
in the state accounting system by sufficient appropriat	ions or other non-appropriated fund	norized performance accepted in accordance with the terms of subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms are	815 CMR 9.00.
Maximum Obligation Contract. Enter total maxim	num obligation for total duration of	this contract (or <i>new</i> total if Contract is being amended). \$ _	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; 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 (M.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 10-year contract will cover grant funds to municipal Councils on Aging (COA) of the Commonwealth authorized through the annual GAA and other sources. The activity performance period for year one of this contract is 7/1/2021-6/30/2022. The COAs established by MGL provide social and support services to older adults, their families and caregivers. The annual award is determined by the number of elders per municipality as per the most recent census data, at a current rate of \$12 per person. This contract will cover any rate adjustment or increase during the 10-year period. Each municipal COA will complete an annual fiscal report describing how these grant funds were applied. All approved obligations incurred prior to the latest signature date are intended to be part of this agreement and the amount of the prior obligation for year one is funded in the FY22 award. The deadline to submit the signed contract is 6/30/22. MA #1.			
		actor certify for this Contract, or Contract Amendment, that C	ontract obligations:
1. may be incurred as of the Effective Date (latest s	이 경기가 있는 아니라 얼마 그 그 그렇게 먹는 것이 없다. 이 아니라 하는 아니라 아니라 아니라 아니라 아니다 하다.	5분명이 많이라. 그리아이 있다는 때문문에 1980 Hell Hell Hell Hell Hell Hell Hell Hel	EX 2
X 3. were incurred as of July 1, 20 21, a date are authorized to be made either as settlement page 3.	PRIOR to the Effective Date below ayments or as authorized reimburs	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective w, and the parties agree that payments for any obligations in ement payments, and that the details and circumstances of a eleases the Commonwealth from further claims related to the	curred prior to the Effective Date all obligations under this Contract
amended, provided that the terms of this Contract ar	nd performance expectations and	32 , with no new obligations being incurred after this da obligations shall survive its termination for the purpose of romance, reporting, invoicing or final payments, or during any	resolving any claim or dispute, for
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 certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further 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, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, 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: Date:			
(Signature and Date Must Be Captured A	At Time of Signature)	X: Dal (Signature and Date Must Be Captured At	Time of Signature)
Print Name: PAUL BOCKELMAN		District Contraction	1 Decoration 508H
Print Title: Thu N MANAGE		Print Title: On 10 (1) de landerale and	1 The county of Dock



	Forms are also posted at OSD Forms: https://www.mass.gov/lists/osd-forms.					
CONTRACTOR LEGAL NAME: TOWN OF ANDOVER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD				
Legal Address: (W-9, W-4): 36 BARTLET ST, ANDOVER, MA 01810-3841		Business Mailing Address: 1 Ashburton PI, Bosto	on MA 02108			
		Billing Address (if different):				
12-44 5-74 101 55 S	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419			
Contractor Vendor Code: VC6000191696		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368			
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000006				
(Note: The Address ID must be set up for EFT payme	ents.)	RFR/Procurement or Other ID Number: MGL c. 40	s. 8B			
X NEW CONTRACT CONTRACT AMENDMENT		NDMENT				
	OCUREMENT OR EXCEPTION TYPE: (Check one option only) Enter Current Contract End Date <u>Prior</u> to Amendment:, 20		ent:, 20			
Statewide Contract (OSD or an OSD-designated D	Department)	Enter Amendment Amount: \$ (or "no cha				
Collective Purchase (Attach OSD approval, scope Department Procurement (includes all Grants - 81	, budget)	AMENDMENT TYPE: (Check one option only. Attac Amendment to Date, Scope or Budget (Attach u				
Notice or RFR, and Response or other procurement	nt supporting documentation)	Interim Contract (Attach justification for Interim Co	ontract and updated scope/budget)			
Emergency Contract (Attach justification for emerg Contract Employee (Attach Employment Status Fo	gency, scope, budget)	Contract Employee (Attach any updates to scope				
X Other Procurement Exception (Attach authorizing	g language, legislation with	Other Procurement Exception (Attach authorizin	g language/justification and updated			
specific exemption or earmark, and exception justific	cation, scope and budget)	scope and budget)				
The Standard Contract Form Instructions and Continto this Contract and are legally binding: (Check C ServicesCommonwealth IT Terms and Conditions	ractor Certifications and the fol NE option): <u>Commonwealth T</u>	lowing Commonwealth Terms and Conditions docu erms and Conditions X Commonwealth Terms and C	ment are incorporated by reference onditions For Human and Social			
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00 . X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended). \$						
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; 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 (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)						
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ANTICIPATED START DATE: (Complete ONE option	only) The Department and Contr	actor certify for this Contract, or Contract Amendment, t	that Contract obligations:			
1. may be incurred as of the Effective Date (latest s	ignature date below) and <u>no</u> oblig	ations have been incurred prior to the Effective Date.				
2. may be incurred as of, 20, a date LA	FER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Eff w, and the parties agree that payments for any obligation	ective Date.			
are authorized to be made either as settlement pa	ayments or as authorized reimburg	sement payments, and that the details and circumstance	es of all obligations under this Contract			
are attached and incorporated into this Contract.	Acceptance of payments forever	releases the Commonwealth from further claims related	are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.			
CONTRACT END DATE: Contract performance shall terminate as of <u>June 30</u> , 20 32, 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.						
amended, provided that the terms of this Contract ar completing any negotiated terms and warranties, to al	nd performance expectations and low any close out or transition per	obligations shall survive its termination for the purpos	his date unless the Contract is properly the of resolving any claim or dispute, for the any lapse between amendments.			

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by reference nerein. Additional non-conflicting terms may Forms are also posted at OSD Forms: https://www.mass	s.gov/lists/osd-forms.	ord and required to added papillation forms at 2 111		
CONTRACTOR LEGAL NAME: TOWN OF AQUINNAH		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
(and d/b/a): Legal Address: (W-9, W-4): 65 STATE RD, AQUINNAH, MA 02535-1345		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: JOYCE ALBERTINE Phone: 508-693-2896		Billing Address (if different):		
E-Mail: upicoa@comcast.net	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191796		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000000		
(Note: The Address ID must be set up for EFT paym	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 88	3	
X NEW CONTRA	The state of the s	CONTRACT AMENDA		
PROCUREMENT OR EXCEPTION TYPE: (Check or		Enter Current Contract End Date <u>Prior</u> to Amendment:		
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change")	
Collective Purchase (Attach OSD approval, scope	e, budget)	AMENDMENT TYPE: (Check one option only. Attach de		
Department Procurement (includes all Grants - 8 Notice or RFR, and Response or other procurement	15 CMR 2.00) (Solicitation ent supporting documentation)	Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contra	ed scope and budget)	
Emergency Contract (Attach justification for emer	gency, scope, budget)	Contract Employee (Attach any updates to scope or b	udget)	
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authorizing the contract of the con	orm, scope, budget)	Other Procurement Exception (Attach authorizing lan	guage/justification and updated	
specific exemption or earmark, and exception justif	ication, scope and budget)	scope and budget)		
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COMPENSATION: (Check ONE option): The Departr	nent certifies that payments for auti	norized performance accepted in accordance with the terms	of this Contract will be supported	
in the state accounting system by sufficient appropriation	tions or other non-appropriated tune	ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a	1 0 13 CIVIN 9.00.	
X Rate Contract. (No Maximum Obligation) Attack	num obligation for total duration of	this contract (or <i>new</i> total if Contract is being amended). \$ _	· ·	
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report describing how these grant funds were applied	. All approved obligations incurred	prior to the latest signature date are intended to be part of th	is agreement and the amount of	
the prior obligation for year one is funded in the FY22	award. The deadline to submit the	e signed contract is 6/30/22, MA #1.		
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V 2 were insurred as of July 1 20 21 a dat	a PRIOR to the Effective Date held	w and the parties agree that payments for any obligations in	ncurred prior to the Effective Date	
are authorized to be made either as settlement to	navments or as authorized reimburs	sement payments, and that the details and discumstances 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 the	lete unless the Contract is properly	
amanded provided that the terms of this Contract a	and performance expectations and	32 , with no new obligations being incurred after this doubligations shall survive its termination for the purpose of	resolving arry claim of dispute, for	
completing any negotiated terms and warranties, to a	allow any close out or transition per	formance, reporting, invoicing or final payments, or during a	ny 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 certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further 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, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, 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 CONTRACT		AUTHORIZING SIGNATURE FOR THE COMMONWE	4/6/22	
X: (Signature and Date Must Be Captured	. Date: 27/20	X:	At Time of Signature)	
Defeat Names To Constant Must be Captured	At time of Signature)	Print Name: Amon Beitman		
Print Name: Jeffren Hadison Print Title: Town Administration	ex-	Print Title: Dimeter of Contracts and	Accorations	
Time time.		na contraventation (1900)		

by reference herein. Additional non-conflicting terms may	y be added by Attachment. Contract	ctors are required to access published forms at CTR Forms: <u>nt</u>	tps://www.macomptroller.org/forms.
Forms are also posted at OSD Forms: https://www.mass.gov/lists/osd-forms. CONTRACTOR LEGAL NAME: TOWN OF ARLINGTON		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
(and d/b/a):		MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 730 MASSACHUSETTS AVE, ARLINGTON, MA 02476- 4906		Business Mailing Address: 1 Ashburton PI, Boston M	A 02108
Contract Manager: KRISTINE SHAH	Phone: 781-316-3401	Billing Address (if different):	
E-Mail: kshah@town.arlington.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191698	T dA.	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000006	
(Note: The Address ID must be set up for EFT paym	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8l	R
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Department Procurement (includes all Grants - 8	15 CMR 2.00) (Solicitation	Amendment to Date, Scope or Budget (Attach update	ed scope and budget)
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Contract Employee (Attach Employment Status F	orm, scope, budget)	Contract Employee (Attach any updates to scope or b Other Procurement Exception (Attach authorizing lan	uaget)
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		this contract (or <i>new</i> total if Contract is being amended). \$ _	
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2. may be incurred as of, 20, a date LA	TER than the Effective Date below	v and <u>no</u> obligations have been incurred <u>prior</u> to the Effective w, and the parties agree that payments for any obligations in	3 Date.
are authorized to be made either as settlement of	avments or as authorized reimburs	w, and the parties agree that payments for any congations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to th	all obligations under this Contract
amended, provided that the terms of this Contract a completing any negotiated terms and warranties, to a	CONTRACT END DATE: Contract performance shall terminate as of <u>June 30</u> , 20 32 , 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 of Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further 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, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department at unacceptable, 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 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 Captured At Time of Signature) Print Name: Print Title: Print Title			
Print Name: Adam Chandelaine. Print Title: Town Manager. Print Title: Vinetor of lon walts and belove they		Mitele v vlay	



Forms are also posted at OSD Forms: https://www.mas	s.gov/lists/osd-torms.	92. W		
CONTRACTOR LEGAL NAME: TOWN OF ASHBURNHAM (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 32 MAIN ST, ASHBURNHAM, MA 01430-4202		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: JAN ROBBINS	Phone: 978-827-5000	Billing Address (if different):		
E-Mail: jrobbins@ashburnham-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191699		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000006		
(Note: The Address ID must be set up for EFT paym	ients.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	СТ	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check or		Enter Current Contract End Date Prior to Amendment:		
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change"		
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specific exemption or earmark, and exception justi	fication, scope and budget)	scope and budget)		
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are authorized to be made either as settlement	payments or as authorized reimburs	sement payments, and that the details and circumstances of	fall obligations under this Contract	
		releases the Commonwealth from further claims related to t		
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X: (Signature and Date Must Be Captured	_ Date: 2/23/2022	X: Date Must Be Captured A	ate: 3/9/00	
(Signature and Date Must Be Captured	At Time of Signature)	(Signature and Date Must Be Captured) Print Name: Away Bi fmm	At Time of Signature)	
Print Name: Ann Doheny. Print Title: 1700 Administrative. Print Title: 1700 Administrative. Print Title: 1700 Administrative.		M Accorating		

Forms are also posted at OSD Forms: https://www.mass	s.gov/lists/osd-forms.		
CONTRACTOR LEGAL NAME: TOWN OF ASHBY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 895 MAIN ST, ASHBY, MA 01431-0155		Business Mailing Address: 1 Ashburton PI, Boston	MA 02108
Contract Manager: COREY HARJU Phone: 978-386-2424		Billing Address (if different):	
E-Mail: coa@ashbyma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191700		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
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ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:			
1. may be incurred as of the Effective Date (latest signature date below) and <u>no</u> obligations have been incurred <u>prior</u> to the Effective Date.			
2. may be incurred as of, 20, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date. X_3. were incurred as of, 20_1, 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 <u>June 30</u> , 20 32 , 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 certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further 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, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: X: X: X: X: X: X: X: X:			





Forms are also posted at OSD Forms: https://www.mas	s.gov/lists/osd-forms.		
CONTRACTOR LEGAL NAME: TOWN OF ASHFIELD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): PO BOX 560, ASHFIELD, MA 01330-0560		Business Mailing Address: 1 Ashburton PI, Boston M	A 02108
Contract Manager: AMANDA JOAO Phone: 413-625-2502		Billing Address (if different):	
E-Mail: sfsrctr@crocker.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191702		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000006	
(Note: The Address ID must be set up for EFT paym	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 85	В
X NEW CONTRA	CT	CONTRACT AMENDA	
PROCUREMENT OR EXCEPTION TYPE: (Check on		Enter Current Contract End Date <u>Prior</u> to Amendment:, 20	
Statewide Contract (OSD or an OSD-designated I		Enter Amendment Amount: \$ (or "no change")	
Collective Purchase (Attach OSD approval, scope		AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)	
Department Procurement (includes all Grants - 8' Notice or RFR, and Response or other procureme		Amendment to Date, Scope or Budget (Attach update	S
Emergency Contract (Attach justification for emergency	gency, scope, budget)	Interim Contract (Attach justification for Interim Contrac Contract Employee (Attach any updates to scope or but	
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specific exemption or earmark, and exception justifi		scope and budget)	gaage/jastilication and apaated
The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions document are incorporated by reference into this Contract and are legally binding: (Check ONE option):Commonwealth Terms and Conditions _ X _ Commonwealth Terms and Conditions For Human and Social ServicesCommonwealth IT Terms and Conditions			
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)			
Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended). \$			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 10 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: _X_agree to standard 45 day cyclestatutory/legal or Ready Payments (M.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 10-year contract will cover grant funds to municipal Councils on Aging (COA) of the Commonwealth authorized through the annual GAA and other sources. The activity performance period for year one of this contract is 7/1/2021-6/30/2022. The COAs established by MGL provide social and support services to older adults, their families and caregivers. The annual award is determined by the number of elders per municipality as per the most recent census data, at a current rate of \$12 per person. This contract will cover any rate adjustment or increase during the 10-year period. Each municipal COA will complete an annual fiscal report describing how these grant funds were applied. All approved obligations incurred prior to the latest signature date are intended to be part of this agreement and the amount of the prior obligation for year one is funded in the FY22 award. The deadline to submit the signed contract is 6/30/22. M#1.			
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 <u>no</u> obligations have been incurred <u>prior</u> to the Effective Date.			
2. may be incurred as of, 20, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date.			
X 3. were incurred as of July 1, 2021, 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 ofJune 30_, 20_32, 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 certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further 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, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, 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 CONTRACFOR: X: Date: 3/26/22.			
X: Date: Date: Doto. Date: No. Date:		Time of Signature)	



This form is jointly issued and published by the Office of the Comptroller (CTR), the Executive Office for Administration and Finance (ANF), and the Operational Services
Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form or to the <u>Standard Contract Form Instructions</u>
and <u>Contractor Certifications</u>, the <u>Commonwealth Terms and Conditions for Human and Social Services</u> or the <u>Commonwealth IT Terms and Conditions</u> which are incorporated by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access published forms at CTR Forms: <a href="https://www.macs.not/lithgs//www

roms are also posted at OSD Forms. https://www.ma	iss.gov/iists/osd-iornis.		
CONTRACTOR LEGAL NAME: TOWN OF ASHLAND (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 101 MAIN ST, ASHLAND, MA 01721-1193		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: JOANNE DUFFY	Phone: 508-881-0140	Billing Address (if different):	
E-Mail: jduffy@ashlandmass.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191703		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001	<u>.</u>	MMARS Doc ID(s): 020822000000000000006	
(Note: The Address ID must be set up for EFT pay	ments.)	RFR/Procurement or Other ID Number: MGL c. 40 s	s. 8B
X NEW CONTR	ACT	CONTRACT AMEN	NDMENT
PROCUREMENT OR EXCEPTION TYPE: (Check of	one option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20	
Statewide Contract (OSD or an OSD-designate		Enter Amendment Amount: \$ (or "no change")	
Collective Purchase (Attach OSD approval, sco Department Procurement (includes all Grants -		AMENDMENT TYPE: (Check one option only. Attack	
Notice or RFR, and Response or other procurer		Amendment to Date, Scope or Budget (Attach up Interim Contract (Attach justification for Interim Contract)	
Emergency Contract (Attach justification for em		Contract Employee (Attach any updates to scope of	
Contract Employee (Attach Employment Status X_ Other Procurement Exception (Attach authority)		Other Procurement Exception (Attach authorizing	
specific exemption or earmark, and exception jus	tification, scope and budget)	scope and budget)	
The Standard Contract Form Instructions and Co into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Condition	CONE option):Commonwealth T	Ilowing Commonwealth Terms and Conditions docum Ferms and Conditions X Commonwealth Terms and Co	ent are incorporated by reference nditions For Human and Social
COMPENSATION: (Check ONE option): The Depart	tment certifies that payments for aut	thorized performance accepted in accordance with the ter	ms 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.			
I The Control of the		ions, conditions or terms and any changes if rates or term this contract (or <i>new</i> total if Contract is being amended).	
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a PPD as follows: Payment issued within 10 days	% PPD; Payment issued within 1	h EFT 45 days from invoice receipt. Contractors requestin 5 days % PPD; Payment issued within 20 days %	PPD: Payment issued within 30 days
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 (M.G.L. c. 29, § 23A); only initial payment			
(subsequent payments scheduled to support standa			singl Councils on Asian (CCA) of the
		ENT: This 10-year contract will cover grant funds to muniformance period for year one of this contract is 7/1/2021-6	
MGL provide social and support services to older adults, their families and caregivers. The annual award is determined by the number of elders per municipality as per the most recent			
		ment or increase during the 10-year period. Each municip prior to the latest signature date are intended to be part o	
the prior obligation for year one is funded in the FY2	22 award. The deadline to submit the	e signed contract is 6/30/22. MA #1.	
		ractor certify for this Contract, or Contract Amendment, the	at Contract obligations:
		pations have been incurred <u>prior</u> to the Effective Date.	allian Data
		v and <u>no</u> obligations have been incurred <u>prior</u> to the Effec	
X 3, were incurred as of <u>July 1</u> , 20 21, 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			
		releases the Commonwealth from further claims related to	
CONTRACT END DATE: Contract performance si	nall terminate as of <u>June 30</u> , 20	0.32 , with no new obligations being incurred after this obligations shall survive its termination for the purpose	s date unless the Contract is properly
completing any negotiated terms and warranties, to	allow any close out or transition per	formance, reporting, invoicing or final payments, or during	any lapse between amendments.
		e "Effective Date" of this Contract or Amendment shall I	
Amendment has been executed by an authorized s	signatory of the Contractor, the Department	artment, or a later Contract or Amendment Start Date sp	ecified above, subject to any required
approvals. The Contractor certifies that they have ac	cessed and reviewed all documents	incorporated by reference as electronically published and der the pains and penalties of perjury, and further agrees	the Contractor makes all certifications
		of this Contract and doing business in Massachusetts are	
herein according to the following hierarchy of docur	ment precedence, the applicable Co	mmonwealth Terms and Conditions, this Standard Contra	act Form, the Standard Contract Form
		solicitation, the Contractor's Response (excluding any la	
unacceptable, 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.	2700		
AUTHORIZING SIGNATURE FOR THE CONTRAC	10K:	AUTHORIZING SIGNATURE FOR THE COMMONV	VEALTH:
X: (Signature and Date Must Be Captured	Date:	X: /Signature and Data Must Be Continue	Date: 7/7/62
Print Name: M. Hespes	At Time of Signature)	Print Name: (Signature and Date Must be Captured	At time of Signature)
Print Title: Town Manage		X:	1 Nilavellus

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This form is jointly issued and published by the Office of the Comptroller (CTR), the Executive Office for Administration and Finance (ANF), and the Operational Services

Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made
on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form or to the <u>Standard Contract Form Instructions</u>
and <u>Contractor Certifications</u>, the <u>Commonwealth Terms and Conditions for Human and Social Services</u> or the <u>Commonwealth IT Terms and Conditions</u> which are incorporated
by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access published forms at CTR Forms: https://www.maccmptroller.org/forms.
Forms are also noted at OSD Forms: https://www.maccmptroller.org/forms.

COMMONWEALTH DEPARTMENT NAME: Executive OMMARS Department Code: ELD Business Mailing Address: 1 Ashburton PI, Boston MBilling Address (if different): Contract Manager: Stacey Anne O'Connell E-Mail: Stacey.oconnell@mass.gov MMARS Doc ID(s): 020822000000000000006 RFR/Procurement or Other ID Number: MGL c. 40 s. 86 CONTRACT AMENDMENT Contract End Date Prior to Amendment: (or "no change") AMENDMENT TYPE: (Check one option only. Attach de Amendment to Date, Scope or Budget (Altach update Interim Contract (Attach justification for Interim Contract Contract Employee (Attach any updates to scope or budget (Attach authorizing lang scope and budget) lowing Commonwealth Terms and Conditions document	Phone: 617-222-7419 Fax: 617-727-9368 B MENT, 20) etails of amendment changes.) ed scope and budget) ct and updated scope/budget)		
Billing Address (if different): Contract Manager: Stacey Anne O'Connell E-Mail: Stacey.oconnell@mass.gov MMARS Doc ID(s): 020822000000000000006 RFR/Procurement or Other ID Number: MGL c. 40 s. 88	Phone: 617-222-7419 Fax: 617-727-9368 B MENT, 20) etails of amendment changes.) ed scope and budget) ict and updated scope/budget)		
Contract Manager: Stacey Anne O'Connell E-Mail: Stacey.oconnell@mass.gov MMARS Doc ID(s): 0208220000000000000006 RFR/Procurement or Other ID Number: MGL c. 40 s. 88	Fax: 617-727-9368 B MENT, 20) etails of amendment changes.) ed scope and budget) ct and updated scope/budget)		
E-Mail: Stacey.oconnell@mass.gov MMARS Doc ID(s): 020822000000000000006 RFR/Procurement or Other ID Number: MGL c. 40 s. 8E	Fax: 617-727-9368 B MENT, 20) etails of amendment changes.) ed scope and budget) ct and updated scope/budget)		
MMARS Doc ID(s): 020822000000000000006 RFR/Procurement or Other ID Number: MGL c. 40 s. 88	MENT, 20) etails of amendment changes,) ed scope and budget) ct and updated scope/budget)		
RFR/Procurement or Other ID Number: MGL c. 40 s. 88 CONTRACT AMENDM Enter Current Contract End Date Prior to Amendment: (or "no change") AMENDMENT TYPE: (Check one option only. Attach de Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contract Contract Employee (Attach any updates to scope or bu Other Procurement Exception (Attach authorizing lang scope and budget)	MENT, 20) etails of amendment changes.) ed scope and budget) ct and updated scope/budget)		
CONTRACT AMENDM Enter Current Contract End Date <u>Prior</u> to Amendment: Enter Amendment Amount: \$	MENT, 20) etails of amendment changes.) ed scope and budget) ct and updated scope/budget)		
Enter Current Contract End Date <u>Prior</u> to Amendment: _ Enter Amendment Amount: \$ (or "no change") AMENDMENT TYPE: (Check one option only. Attach deAmendment to Date, Scope or Budget (Attach updateInterim Contract (Attach justification for Interim ContractContract Employee (Attach any updates to scope or buOther Procurement Exception (Attach authorizing lang scope and budget)	, 20) etails of amendment changes.) ed scope and budget) ct and updated scope/budget)		
Enter Amendment Amount: \$ (or "no change") AMENDMENT TYPE: (Check one option only. Attach de Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contract Contract Employee (Attach any updates to scope or bu Other Procurement Exception (Attach authorizing lang scope and budget)) etails of amendment changes.) ed scope and budget) ct and updated scope/budget)		
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Contract Employee (Attach any updates to scope or but Other Procurement Exception (Attach authorizing lang scope and budget)			
scope and budget)			
	guage/justification and updated		
	are incorporated by reference		
erms and Conditions X Commonwealth Terms and Conditions	ions For Human and Social		
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. X 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.)			
this contract (or <i>new</i> total if Contract is being amended). \$ _			
n EFT 45 days from invoice receipt. Contractors requesting ac 5 days % PPD; Payment issued within 20 days % PPI day cycle statutory/legal or Ready Payments (<u>M.G.L. c. 2</u> Prompt Pay Discounts Policy.)	D; Payment issued within 30 days		
ENT: This 10-year contract will cover grant funds to municipal ormance period for year one of this contract is 7/1/2021-6/30/ne annual award is determined by the number of elders per ment or increase during the 10-year period. Each municipal Corior to the latest signature date are intended to be part of this signed contract is 6/30/22. MA #1.	/2022. The COAs established by nunicipality as per the most recent OA will complete an annual fiscal s agreement and the amount of		
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 <u>no</u> obligations have been incurred <u>prior</u> to the Effective Date.			
and no obligations have been incurred prior to the checuve	Date.		
ement payments, and that the details and circumstances of a eleases the Commonwealth from further claims related to the	all obligations under this Contract ese obligations.		
32 , with no new obligations being incurred after this data obligations shall survive its termination for the purpose of re- ormance, reporting, invoicing or final payments, or during any	esolving any claim or dispute, for		
"Effective Date" of this Contract or Amendment shall be the ritment, or a later Contract or Amendment Start Date specific incorporated by reference as electronically published and the er the pains and penalties of perjury, and further agrees to profit this Contract and doing business in Massachusetts are attachmonwealth Terms and Conditions, this Standard Contract Folicitation, the Contractor's Response (excluding any langua will take precedence over the relevant terms in the RFR and may amended RFR or Response terms result in best value, low AUTHORIZING SIGNATURE FOR THE COMMONWEAU X:	ed above, subject to any required Contractor makes all cerifications rovide any required documentation ched or incorporated by reference Form, the Standard Contract Form age stricken by a Department as the Contractor's Response only if wer costs, or a more cost effective		
dio the property of the proper	s, subject to intercept for Commonwealth owed debts under ns, conditions or terms and any changes if rates or terms are his contract (or new total if Contract is being amended). \$_EFT 45 days from invoice receipt. Contractors requesting at days % PPD; Payment issued within 20 days % PPI day cycle statutory/legal or Ready Payments (M.G.L. c. frompt Pay Discounts Policy.) NT: This 10-year contract will cover grant funds to municipa mance period for year one of this contract is 7/1/2021-6/30/e annual award is determined by the number of elders per ment or increase during the 10-year period. Each municipal Crior to the latest signature date are intended to be part of this signed contract is 6/30/22. MA #1. clor certify for this Contract, or Contract Amendment, that C tions have been incurred prior to the Effective Date. and no obligations have been incurred prior to the Effective and no obligations have been incurred prior to the Effective and no obligations have been incurred prior to the Effective and no obligations have been incurred prior to the Effective and no obligations have been incurred prior to the Effective and no obligations have been incurred prior to the Effective and no obligations have been incurred prior to the Effective and no obligations have been incurred prior to the Effective and no obligations have been incurred prior to the Effective and no obligations have been incurred prior to the Effective and no obligations incurred prior to the Effective and no obligations incoment payments, and that the details and circumstances of a deases the Commonwealth from further claims related to the prior to the purpose of normance, reporting, invoicing or final payments, or during any "Effective Date" of this Contract or Amendment Start Date specific norporated by reference as electronically published and the prior the priors and penalties of perjury, and further agrees to prior the priors and penalties of perjury, and further agrees to prior the priors and penalties of perjury, and further agree		

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This form is jointly issued and published by the Office of the Comptroller (CTR), the Executive Office for Administration and Finance (ANF), and the Operational Services
Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made
on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form or to the <u>Standard Contract Form Instructions</u>
and <u>Contractor Certifications</u>, the <u>Commonwealth Terms and Conditions for Human and Social Services</u> or the <u>Commonwealth IT Terms and Conditions</u> which are incorporated
by reference herein. Additional non-conflicting terms may be added by Attachment, Contractors are required to access published forms at CTR Forms: https://www.macomptroller.org/forms.
Forms are also posted at OSD Forms: https://www.macomptroller.org/forms.

CONTRACTOR LEGAL NAME: CITY OF ATTLEBORO (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 77 PARK ST, ATTLEBORO, MA 02703-2334		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: MELISSA TUCKER Phone: 774-203-1900		Billing Address (if different):		
E-Mail: coa@cityofattleboro.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192072		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000006	Tuni ott 12. 5555	
(Note: The Address ID must be set up for EFT paym	ients.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8E	3	
X NEW CONTRAC	СТ	CONTRACT AMENDMENT		
PROCUREMENT OR EXCEPTION TYPE: (Check on		Enter Current Contract End Date <u>Prior</u> to Amendment:, 20		
Statewide Contract (OSD or an OSD-designated I		Enter Amendment Amount: \$ (or "no change")		
Collective Purchase (Attach OSD approval, scope Department Procurement (includes all Grants - 81		AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)		
Notice or RFR, and Response or other procureme	ent supporting documentation)		Amendment to Date, 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 Contract Employee (Attach Employment Status For Employment Status For Employment Status For Employee (Attach Employment Status For Employee)		Contract Employee (Attach any updates to scope or but	idaet)	
X Other Procurement Exception (Attach authorizing)	ng language, legislation with	Other Procurement Exception (Attach authorizing lang		
specific exemption or earmark, and exception justifi	fication, scope and budget)	scope and budget)		
The Standard Contract Form Instructions and Continto this Contract and are legally binding: (Check C Services Commonwealth IT Terms and Conditions	ONE option): Commonwealth To	llowing Commonwealth Terms and Conditions document forms and Conditions X Commonwealth Terms and Conditions	are incorporated by reference ons For Human and Social	
COMPENSATION: (Check ONE option): The Departm	nent certifies that payments for auth	horized performance accepted in accordance with the terms of	of this Contract will be supported	
in the state accounting system by sufficient appropriation X Rate Contract. (No Maximum Obligation) Attach	ons or other non-appropriated tund details of all rates, units, calculation	ds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms are	815 CMR 9.00.	
		this contract (or <i>new</i> total if Contract is being amended). \$		
PROMPT PAYMENT DISCOUNTS (PPD): Commonw	vealth payments are issued through	h EFT 45 days from invoice receipt. Contractors requesting ac	celerated payments must identify	
a PPD as follows: Payment issued within 10 days	_% PPD; Payment issued within 15	5 days % PPD; Payment issued within 20 days % PPD	D: Payment issued within 30 days	
% PPD. If PPD percentages are left blank, identity (subsequent payments scheduled to support standard	reason: X agree to standard 45	day cycle statutory/legal or Ready Payments (M.G.L. c. 2	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 10-year contract will cover grant funds to municipal Councils on Aging (COA) of the				
Commonwealth authorized through the annual GAA and other sources. The activity performance period for year one of this contract is 7/1/2021-6/30/2022. The COAs established by				
MGL provide social and support services to older adults, their families and caregivers. The annual award is determined by the number of elders per municipality as per the most census data, at a current rate of \$12 per person. This contract will cover any rate adjustment or increase during the 10-year period. Each municipal COA will complete an annual			unicipality as per the most recent	
report describing how these grant funds were applied. All approved obligations incurred prior to the latest signature date are intended to be part of this agreement and the amount of				
the prior obligation for year one is funded in the FY22 a		e signed contract is 6/30/22. MA #1. actor certify for this Contract, or Contract Amendment, that Co		
1. may be incurred as of the Effective Date (latest s			ontract obligations:	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	Date.	
X 3. were incurred as of July 1, 20 21, a date	PRIOR to the Effective Date below	w, and the parties agree that payments for any obligations inc	curred 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				
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 certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications				
required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further 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, the Standard Contract Form				
Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, 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 CONTRACTO		AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:		
X: Phu lb-y (Signature and Date Must Be Captured At	Date: 3/1 22.	X:		
Print Name: A PAUL ILEVOU	k Time or Signature)	Signature and Date Must be Captured At	Time of Signature)	
Print Title: Nasov Print Title: Dwy of Contracts and Mewalthus			in Newvoltus	



This form is jointly issued and published by the Office of the Comptroller (CTR), the Executive Office for Administration and Finance (ANF), and the Operational Services
Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made
on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form or to the <u>Standard Contract Form Instructions</u>
and <u>Contractor Certifications</u>, the <u>Commonwealth Terms and Conditions for Human and Social Services</u> or the <u>Commonwealth IT Terms and Conditions</u> which are incorporated
by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access published forms at CTR Forms: https://www.macomptroller.org/forms.
Forms are also posted at OSD Forms: https://www.mass.gov/lists/osd-forms.

CONTRACTOR LEGAL NAME: TOWN OF AUBURN (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 104 CENTRAL ST, AUBURN, MA 01501-2343		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: JEAN BOULETTE Phone: 508-832-7799		Billing Address (if different):	102100
E-Mail: jboulette@town.auburn.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191706	T WAT	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000006	
(Note: The Address ID must be set up for EFT paym	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8E	
X NEW CONTRA	CT	CONTRACT AMENDA	
PROCUREMENT OR EXCEPTION TYPE: (Check on		Enter Current Contract End Date Prior to Amendment:, 20	
Statewide Contract (OSD or an OSD-designated	6	Enter Amendment Amount: \$ (or "no change")	
Collective Purchase (Attach OSD approval, scope		AMENDMENT TYPE: (Check one option only. Attach de	
Department Procurement (includes all Grants - 8 Notice or RFR, and Response or other procurement		Amendment to Date, Scope or Budget (Attach updated scope and budget)	
Emergency Contract (Attach justification for emer	gency, scope, budget)	Interim Contract (Attach justification for Interim Contract Contract Employee (Attach any updates to scope or but	
Contract Employee (Attach Employment Status F _X_ Other Procurement Exception (Attach authorizi		Other Procurement Exception (Attach authorizing lang	
specific exemption or earmark, and exception justif		scope and budget)	,5-,
		lowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Conditions	
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. X. 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.)			
, , ,		this contract (or new total if Contract is being amended). \$	·
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; 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 (M.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 10-year contract will cover grant funds to municipal Councils on Aging (COA) of the Commonwealth authorized through the annual GAA and other sources. The activity performance period for year one of this contract is 7/1/2021-6/30/2022. The COAs established by MGL provide social and support services to older adults, their families and caregivers. The annual award is determined by the number of elders per municipality as per the most recent census data, at a current rate of \$12 per person. This contract will cover any rate adjustment or increase during the 10-year period. Each municipal COA will complete an annual fiscal report describing how these grant funds were applied. All approved obligations incurred prior to the latest signature date are intended to be part of this agreement and the amount of the prior obligation for year one is funded in the FY22 award. The deadline to submit the signed contract is 6/30/22. MA #1.			
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 s			Data
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. X3. were incurred as ofuly 1_, 20_21, 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 <u>June 30</u> , 20 32, 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 certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further 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, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, 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:			



Forms are also posted at OSD Forms: https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF AVON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 65 E MAIN ST, AVON, MA 02322-1435		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: JANE CARTHAS	Phone: 508-588-0414	Billing Address (if different):		
E-Mail: JCarthas@avon-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191708		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000006		
(Note: The Address ID must be set up for EFT paym	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	CT	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check or		Enter Current Contract End Date Prior to Amendment:, 20		
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change")		
Collective Purchase (Attach OSD approval, scop	e, budget)	AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)		
Department Procurement (includes all Grants - 8 Notice or RFR, and Response or other procurement		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for eme	rgency, scope, budget)	Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz		Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justi		scope and budget)		
The Standard Contract Form Instructions and Cor into this Contract and are legally binding: (Check ServicesCommonwealth IT Terms and Conditions	ONE option): Commonwealth Te	lowing Commonwealth Terms and Conditions documen erms and Conditions _X_ Commonwealth Terms and Condi	t are incorporated by reference tions For Human and Social	
COMPENSATION: (Check ONE option): The Departr	ment certifies that payments for auti	horized performance accepted in accordance with the terms	of this Contract will be supported	
in the state accounting system by sufficient appropria	in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.			
X 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). \$				
		n EFT 45 days from invoice receipt. Contractors requesting a	ccelerated navments must identify	
a PPD as follows: Payment issued within 10 days	% PPD; Payment issued within 15	5 days % PPD; Payment issued within 20 days % PF	PD; 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 (M.G.L. c. 29, § 23A); only initial payment				
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census data, at a current rate of \$12 per person. This contract will cover any rate adjustment or increase during the 10-year period. Each municipal COA will complete an annual fiscal report describing how these grant funds were applied. All approved obligations incurred prior to the latest signature date are intended to be part of this agreement and the amount of				
the prior obligation for year one is funded in the FY22	award. The deadline to submit the	signed contract is 6/30/22. MA #1.	~	
		actor certify for this Contract, or Contract Amendment, that C	Contract obligations:	
1. may be incurred as of the Effective Date (latest	signature date below) and <u>no</u> oblig	ations have been incurred <u>prior</u> to the Effective Date. _T and <u>no</u> obligations have been incurred <u>prior</u> to the Effectiv	o Date	
		w, and the parties agree that payments for any obligations in		
are authorized to be made either as settlement r	payments or as authorized reimburs	sement 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				
amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.				
CERTIFICATIONS: Notwithstanding verbal or other Amendment has been executed by an authorized significant approvals. The Contractor certifies that they have according to the Standard Contract Form Instruction upon request to support compliance, and agrees that herein according to the following hierarchy of documn Instructions and Contractor Certifications, the Required Unacceptable, and additional negotiated terms, provious made using the process pullined in \$01 CMR 21.07,	representations by the parties, the gnatory of the Contractor, the Depacessed and reviewed all documents and Contractor Certifications und tall terms governing performance of ent precedence, the applicable Corest for Response (RFR) or other seded that additional negotiated terms	"Effective Date" of this Contract or Amendment shall be artment, or a later Contract or Amendment Start Date speci incorporated by reference as electronically published and the der the pains and penalties of perjury, and further agrees to possible this Contract and doing business in Massachusetts are attemmonwealth Terms and Conditions, this Standard Contract solicitation, the Contractor's Response (excluding any langs will take precedence over the relevant terms in the RFR and any amended RFR or Response terms result in best value, is	the latest date that this Contract or fied above, subject to any required e Contractor makes all certifications provide any required documentation ached or incorporated by reference Form, the Standard Contract Form uage stricken by a Department as d the Contractor's Response only if	
Contract. AUTHORIZING SIGNATURE FOR THE CONTRACT X: (Signature and Date Muss Be Captured Print Name: Steven P. Rose Print Title: Rose	-1-1-01	AUTHORIZING SIGNATURE FOR THE COMMONWE X:	ALTH: 1te: 3/4/2Z 1. Time of Signature)	



This form is jointly issued and published by the Office of the Comptroller (CTR), the Executive Office for Administration and Finance (ANF), and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form or to the <u>Standard Contract Form Instructions and Contractor Certifications</u>, the <u>Commonwealth Terms and Conditions for Human and Social Services</u> or the <u>Commonwealth IT Terms and Conditions</u> which are incorporated by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access published forms at CTR Forms: https://www.masc.gov/lists/osd-forms.. Forms are also posted at OSD Forms: https://www.masc.gov/lists/osd-forms..

also posted at OSD Politis. https://www.mass.gov/iists/c	isu-ioiiiis.		
CONTRACTOR LEGAL NAME: TOWN OF AYER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 1 MAIN ST, AYER, MA 01432-1365		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: Katie Petrossi	Phone: 978-772-8260	Billing Address (if different):	
E-Mail: kpetrossi@ayer.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191709		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000006	
(Note: The Address ID must be set up for EFT payme	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s	8B
X NEW CONTRAC	rT	CONTRACT AMEN	
PROCUREMENT OR EXCEPTION TYPE: (Check on		Enter Current Contract End Date <u>Prior</u> to Amendment	
Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or 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 Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		Enter Amendment Amount: \$ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) Amendment to Date, 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) Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)	
The Standard Contract Form Instructions and Continto this Contract and are legally binding: (Check O Services Commonwealth IT Terms and Conditions	ractor Certifications and the fol NE option):Commonwealth T	lowing Commonwealth Terms and Conditions docume ferms and Conditions X Commonwealth Terms and Conditions	ent are incorporated by reference ditions For Human and Social
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. X 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).			
a PPD as follows: Payment issued within 10 days	% PPD; Payment issued within 15 reason: <u>X</u> agree to standard 45 EFT 45 day payment cycle. See P		PPD; Payment issued within 30 days c. 29, § 23A); only initial payment
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This 10-year contract will cover grant funds to municipal Councils on Aging (COA) of the Commonwealth authorized through the annual GAA and other sources. The activity performance period for year one of this contract is 7/1/2021-6/30/2022. The COAs established by MGL provide social and support services to older adults, their families and caregivers. The annual award is determined by the number of elders per municipality as per the most recent census data, at a current rate of \$12 per person. This contract will cover any rate adjustment or increase during the 10-year period. Each municipal COA will complete an annual fiscal report describing how these grant funds were applied. All approved obligations incurred prior to the latest signature date are intended to be part of this agreement and the amount of the prior obligation for year one is funded in the FY22 award. The deadline to submit the signed contract is 6/30/22. MA #1.			
		actor certify for this Contract, or Contract Amendment, tha	Contract obligations:
1. may be incurred as of the Effective Date (latest si			D-1-
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. X3. were incurred as of, 20, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.			
CONTRACT END DATE: Contract performance shall terminate as of <u>June 30</u> , 20 <u>32</u> , with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
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