

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.macomptroller.org/forms.">https://www.macomptroller.org/forms.</a>
Forms are also posted at OSD Forms: <a href="https://www.macomptroller.org/forms.">https://www.macomptroller.org/forms.</a>

Forms are also posted at OSD Forms: https://www.mass	s.gov/lists/osd-forms.		
CONTRACTOR LEGAL NAME: TOWN OF BARNSTABLE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 367 MAIN ST, HYANNIS, MA 02601-3919		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: DONNA-MARIE BURNS Phone: 508-862-4759		Billing Address (if different):	
E-Mail: Donna- Marie.Burns@town.barnstable.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191710		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 CONTRAC	CT	CONTRACT AMEND	
PROCUREMENT OR EXCEPTION TYPE: (Check on	NO DE 50	Enter Current Contract End Date Prior to Amendment:	
Statewide Contract (OSD or an OSD-designated I	5.0	Enter Amendment Amount: \$ (or "no change"	
Collective Purchase (Attach OSD approval, scope	e, budget)	AMENDMENT TYPE: (Check one option only. Attach de	etails 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	
Emergency Contract (Attach justification for emergency		Interim Contract (Attach justification for Interim Contra	
Contract Employee (Attach Employment Status Fo	orm, scope, budget)	Contract Employee (Attach any updates to scope or b	
X Other Procurement Exception (Attach authorizin specific exemption or earmark, and exception justifi		<ul> <li>Other Procurement Exception (Attach authorizing lan scope and budget)</li> </ul>	guage/justification and updated
		lowing Commonwealth Terms and Conditions document	t are incorporated by reference
	ONE option):Commonwealth T	erms and Conditions X Commonwealth Terms and Conditions	
COMPENSATION: (Check ONE option): The Departm	nent certifies that payments for aut	horized performance accepted in accordance with the terms	of this Contract will be supported
		ds, subject to intercept for Commonwealth owed debts under	
	THE STATE OF THE S	ons, conditions or terms and any changes if rates or terms at this contract (or <b>new</b> total if Contract is being amended), \$	e being amended.)
a PPD as follows: Payment issued within 10 days	/ealth payments are issued through	h EFT 45 days from invoice receipt. Contractors requesting <b>a</b> 5 days % PPD; Payment issued within 20 days % PP	Ccelerated payments must identify  D: 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			
BRIEF DESCRIPTION OF CONTRACT PERFORMAN	NCE or REASON FOR AMENDME	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	al Councils on Aging (COA) of the
		the annual award is determined by the number of elders per r	
		nent or increase during the 10-year period. Each municipal 0	
the prior obligation for year one is funded in the FY22		prior to the latest signature date are intended to be part of the	is agreement and the amount of
		actor certify for this Contract, or Contract Amendment, that C	Contract obligations:
1. may be incurred as of the Effective Date (latest s			•
2. may be incurred as of, 20, a date LA	TER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	
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 in	curred prior to the Effective Date
are authorized to be made either as settlement pa	ayments or as authorized reimburs Acceptance of payments forever i	sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the	all obligations under this Contract
		32 , with no new obligations being incurred after this da	minute and production of the second of the s
amended, provided that the terms of this Contract ar	nd performance expectations and	obligations shall survive its termination for the purpose of	resolving any claim or dispute, for
		ormance, reporting, invoicing or final payments, or during an	
		"Effective Date" of this Contract or Amendment shall be t	
		artment, or a later Contract or Amendment Start Date specific	
required under the Standard Contract Form Instruction	assed and reviewed all documents as and Contractor Certifications und	incorporated by reference as electronically published and the	Contractor makes all certifications
upon request to support compliance, and agrees that a	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 Comm		mmonwealth Terms and Conditions, this Standard Contract	Form, the Standard Contract Form
		colicitation, the Contractor's Response (excluding any langual will take precedence over the relevant terms in the RFR and	
		any amended RFR or Response terms result in best value, lo	
Contract.	2_1		
AUTHORIZING SIGNATURE FOR THE CONTRACTO		AUTHORIZING SIGNATURE FOR THE COMMONWEA	ILTH: 1 alas
X: (Signature and Date Must Be Captured A	Date: 6-6-2022	X: //// J. // Da	te: 6111102.
(Signature and Date Must Be Captured A	it Time of Signature)	(Signature and Date Must Be Captured At	Time of Signature)
Print Title: TOWN WANAGER		Print Name: Name: Name: Name:	Fred Misseller
THE THE TOTAL TOTA	1911		1 1000 11000 1



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.macomptroller.org/forms">https://www.macomptroller.org/forms</a>.

Forms are also posted at OSD Forms: https://www.mass	s.gov/lists/osu-lottils.	The country of the co		
CONTRACTOR LEGAL NAME: TOWN OF BARRE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 40 WEST ST, BARRE, MA 01005-9289		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: EILEEN CLARKSON Phone: 978-355-5004		Billing Address (if different):		
E-Mail: coa@townofbarre.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191711		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 0208220000000000000		
(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 CONTRA	СТ	CONTRACT AMENDA		
PROCUREMENT OR EXCEPTION TYPE: (Check or		Enter Current Contract End Date Prior to Amendment:		
Statewide Contract (OSD or an OSD-designated	Department)	Enter Amendment Amount: \$ (or "no change")		
Collective Purchase (Attach OSD approval, scope Department Procurement (includes all Grants - 8	e, budget)	AMENDMENT TYPE: (Check one option only. Attach de		
Notice or RFR, and Response or other procurement	ent supporting documentation)	Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for emer	rgency, scope, budget)	Contract Employee (Attach any updates to scope or be	udget)	
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authorizi	orm, scope, budget) ing language, legislation with	Other Procurement Exception (Attach authorizing lan	guage/justification and updated	
specific exemption or earmark, and exception justit	fication, 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 Te	lowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Conditions	are incorporated by reference ions For Human and Social	
COMPENSATION: (Check ONE option): The Departr	ment certifies that payments for auth	norized performance accepted in accordance with the terms	of this Contract will be supported	
in the state accounting system by sufficient appropriate	tions or other non-appropriated fund	ds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms are	r 815 CMR 9.00.	
Maximum Obligation Contract Enter total maxim	mum obligation for total duration of	this contract (or <b>new</b> total if Contract is being amended). \$_	·	
		EFT 45 days from invoice receipt. Contractors requesting a	ccelerated 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 % PP	D; Payment issued within 30 days	
% PPD. If PPD percentages are left blank, identify	y 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	NCF or REASON FOR AMENDME	ENT: This 10-year contract will cover grant funds to municipa	al Councils on Aging (COA) of the	
Commonwealth authorized through the annual GAA a	and other sources. The activity perfo	ormance period for year one of this contract is 7/1/2021-6/30	0/2022. The COAs established by	
MGL provide social and support services to older adu	ilts, their families and caregivers. The	ne annual award is determined by the number of elders per innent or increase during the 10-year period. Each municipal C	municipality as per the most recent	
report describing how these grant funds were applied	<ol> <li>All approved obligations incurred p</li> </ol>	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.		
ANTICIPATED START DATE: (Complete ONE option	on only) The Department and Contra	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	gations have been incurred <u>prior</u> to the Effective Date. w and <u>no</u> obligations have been incurred <u>prior</u> to the Effective Date.		
	e PRIOR to the Effective Date below	bw, and the parties agree that payments for any obligations incurred prior to the Effective Date		
are authorized to be made either as settlement of	payments or as authorized reimburs	sement payments, and that the details and circumstances of all obligations under this Contract		
		releases the Commonwealth from further claims related to the		
CONTRACT END DATE: Contract performance sha	all terminate as of <u>June 30</u> , 20	32, with no new obligations being incurred after this d obligations shall survive its termination for the purpose of	ate unless the Contract is properly resolving any claim or dispute, for	
completing any negotiated terms and warranties, to a	allow any close out or transition perf	formance, reporting, invoicing or final payments, or during ar	ny lapse between amendments.	
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 Instruction	ons and Contractor Certifications und	der the pains and penalties of perjury, and further agrees to p	provide any required documentation	
upon request to support compliance, and agrees that	t all terms governing performance of	of this Contract and doing business in Massachusetts are att	tached or incorporated by reference	
Instructions and Contractor Certifications, the Regul	est for Response (RFR) or other s	mmonwealth Terms and Conditions, this Standard Contract solicitation, the Contractor's Response (excluding any lang	juage stricken by a Department as	
unacceptable, and additional pegotiated terms, provide	ded that additional negotiated terms	s will take precedence over the relevant terms in the RFR an	id the Contractor's Response only if	
made using the process outlined in 801 CMR 21.07, Contract.	incorporated herein, provided that a	any amended RFR or Response terms result in best value, l	ower costs, or a more cost ellective	
AUTHORIZING SIGNATURE FOR THE CONTRACT	TOR:	AUTHORIZING SIGNATURE FOR THE COMMONWE	ALTH: , ,	
V. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	. Date: 2120122		- 4100	
(Signature and Date Must Be Captured	At Time of Signature)	X: Do	t Time of Signature)	
Print Name: Jessica Sizer		Print Name: Marin Beltman	<del></del>	
Print Title: Town Administrator Print Title: 1 muly of United and New Voltage		MI. HEW JUSTED		



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.macomptroller.org/forms.">https://www.macomptroller.org/forms.</a>
Forms are also nosted at OSD Forms: <a href="https://www.macomptroller.org/forms.">https://www.macomptroller.org/forms.</a>

forms are also posted at OSD Forms: https://www.mass	gov/lists/osd-forms.		
CONTRACTOR LEGAL NAME: TOWN OF BECKET (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 557 MAIN ST, BECKET, MA 01223-3252		Business Mailing Address: 1 Ashburton Pl, Bosto	on MA 02108
Contract Manager: WILLIAM CALDWELL Phone: 413-623-8934		Billing Address (if different):	
E-Mail: administrator@townofbecket.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191712		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 020822000000000000006	
(Note: The Address ID must be set up for EFT paym	ents.)	RFR/Procurement or Other ID Number: MGL c. 40	s. 8B
		ent:, 20 enge")  ch details of amendment changes.) updated scope and budget) contract and updated scope/budget) e or budget) up language/justification and updated  ment are incorporated by reference conditions For Human and Social  erms of this Contract will be supported	
in the state accounting system by sufficient appropriat  X. Rate Contract. (No Maximum Obligation). Attach	ions or other non-appropriated fund details of all rates, units, calculation	ds, subject to intercept for Commonwealth owed debts ons, conditions or terms and any changes if rates or ter this contract (or <i>new</i> total if Contract is being amended	ms are being amended.)
a PPD as follows: Payment issued within 10 days% PPD. If PPD percentages are left blank, identify (subsequent payments scheduled to support standard BRIEF DESCRIPTION OF CONTRACT PERFORMA Commonwealth authorized through the annual GAA a MGL provide social and support services to older adu census data, at a current rate of \$12 per person. This report describing how these grant funds were applied	_% PPD; Payment issued within 1t reason: _X_agree to standard 45 t EFT 45 day payment cycle. See F NCE or REASON FOR AMENDMI and other sources. The activity perful ts, their families and caregivers. The contract will cover any rate adjustre. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to mu ormance period for year one of this contract is 7/1/2021 he annual award is determined by the number of elders ment or increase during the 10-year period. Each munic prior to the latest signature date are intended to be part	No. 12, Payment issued within 30 days  L. c. 29, § 23A); only initial payment  inicipal Councils on Aging (COA) of the  1-6/30/2022. The COAs established by  per municipality as per the most recent  cipal COA will complete an annual fiscal
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 signature date below) and no obligations have been incurred prior to the Effective Date. 2. may be incurred as of, 20, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date. 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 below, and the parties agree that payments for any obligations under this 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 are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.			fective Date. ons incurred prior to the Effective Date tes of 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 obligations shall survive its termination for the purpor formance, reporting, invoicing or final payments, or duri	se of resolving any claim or dispute, for ing any lapse between amendments.
Amendment has been executed by an authorized significant approvals. The Contractor certifies that they have accrequired under the Standard Contract Form Instruction upon request to support compliance, and agrees that herein according to the following hierarchy of docum Instructions and Contractor Certifications, the Requires and additional people and terms provided.	gnatory of the Contractor, the Depacessed and reviewed all documents as and Contractor Certifications until all terms governing performance of ent precedence, the applicable Coest for Response (RFR) or other ided that additional negotiated terms incorporated herein, provided that of CR:	e "Effective Date" of this Contract or Amendment shartment, or a later Contract or Amendment Start Date incorporated by reference as electronically published a der the pains and penalties of perjury, and further agree of this Contract and doing business in Massachusetts a mmonwealth Terms and Conditions, this Standard Corsolicitation, the Contractor's Response (excluding any swill take precedence over the relevant terms in the Riany amended RFR or Response terms result in best value of the Common Start of the Common Star	specified above, subject to any required mid the Contractor makes all certifications as to provide any required documentation are attached or incorporated by reference intract Form, the Standard Contract Form, a language stricken by a Department as FR and the Contractor's Response only if alue, lower costs, or a more cost effective NWEALTH:

BB



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 Standard Contract Form Instructions
and Contractor Certifications, the Commonwealth Terms and Conditions for Human and Social Services or the Commonwealth IT Terms and Conditions 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.

(and d/b/a):				
	CONTRACTOR LEGAL NAME: TOWN OF BEDFORD		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 10 MUDGE WAY, BEDFORD, MA 01730-2193		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: ALISON CSERVENSCHI	Phone: 781-275-6825	Billing Address (if different):		
E-Mail: acservenschi@bedfordma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191713	Tuni	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 payr		RFR/Procurement or Other ID Number: MGL c. 40 s. 88	3	
X NEW CONTRA		CONTRACT AMENDA		
PROCUREMENT OR EXCEPTION TYPE: (Check o		Enter Current Contract End Date Prior to Amendment:	AND	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change")		
Collective Purchase (Attach OSD approval, score	e, budget)	AMENDMENT TYPE: (Check one option only. Attach de		
Department Procurement (includes all Grants - ) Notice or RFR, and Response or other procurem	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 eme	ergency, scope, budget)	Contract Employee (Attach any updates to scope or be		
Contract Employee (Attach Employment Status   X_Other Procurement Exception (Attach authorize	Form, scope, budget)	Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception just	ification, scope and budget)	scope and budget)		
The Standard Contract Form Instructions and Co	ntractor Certifications and the fol ONE option):Commonwealth T	lowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Conditions	t are incorporated by reference tions 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): Common	wealth payments are issued throug	h EFT 45 days from invoice receipt. Contractors requesting a	PD: Payment issued within 30 days	
a DDD as follows: Dayment issued within 10 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			
a PPD as follows: Payment issued within 10 days _ % PPD If PPD percentages are left blank, identi-	fy reason: X agree to standard 45	day cycle statutory/legal or Ready Payments (M.G.L. c.	29, § 23A); only initial payment	
a PPD as follows: Payment issued within 10 days	fy reason: X agree to standard 45 d EFT 45 day payment cycle. See I ANCE or REASON FOR AMENDM and other sources. The activity per ults, their families and caregivers. T s contract will cover any rate adjust d. All approved obligations incurred	iday cyclestatutory/legal or Ready Payments (M.G.L. c. Prompt Pay Discounts Policy.)  ENT: This 10-year contract will cover grant funds to municipation of the period for year one of this contract is 7/1/2021-6/30 in the annual award is determined by the number of elders per imment or increase during the 10-year period. Each municipal (prior to the latest signature date are intended to be part of the	al Councils on Aging (COA) of the by/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
a PPD as follows: Payment issued within 10 days	fy reason: X agree to standard 45 d EFT 45 day payment cycle. See least 45 day payment and other sources. The activity performance will cover any rate adjust 4. All approved obligations incurred 2 award. The deadline to submit the fon only) The Department and Continuation only) The Department and Continuation of the seed of the	iday cyclestatutory/legal or Ready Payments (M.G.L. c. Prompt Pay Discounts Policy.)  ENT: This 10-year contract will cover grant funds to municipation of the annual award is determined by the number of elders per ament or increase during the 10-year period. Each municipal (prior to the latest signature date are intended to be part of the signed contract is 6/30/22. MA #1.	al Councils on Aging (COA) of the bl/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal is agreement and the amount of	
a PPD as follows: Payment issued within 10 days	fy reason: X agree to standard 45 d EFT 45 day payment cycle. See least 45 day payment caregivers. The activity performance will cover any rate adjust 4. All approved obligations incurred 2 award. The deadline to submit the fon only) The Department and Contit signature date below) and no obligations are continuously.	iday cyclestatutory/legal or Ready Payments (M.G.L.C. Prompt Pay Discounts Policy.)  ENT: This 10-year contract will cover grant funds to municipal of the annual award is determined by the number of elders per liment 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.  Tractor certify for this Contract, or Contract Amendment, that of gations have been incurred prior to the Effective Date.	al Councils on Aging (COA) of the by/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal is agreement and the amount of Contract obligations:	
a PPD as follows: Payment issued within 10 days% PPD. If PPD percentages are left blank, identify (subsequent payments scheduled to support standared through the annual GAA MGL provide social and support services to older ad census data, at a current rate of \$12 per person. This report describing how these grant funds were applied the prior obligation for year one is funded in the FY2.  ANTICIPATED START DATE: (Complete ONE option 1. may be incurred as of the Effective Date (lates 2. may be incurred as of 20	fy reason: X agree to standard 45 d EFT 45 day payment cycle. See least 45 day least 46 day for any rate adjust 47 day for any rate adjust 48 day for any rate adjust 49 day for any rate adjust 40 day for any rate and rate below) and rate an	day cyclestatutory/legal or Ready Payments (M.G.L.C. Prompt Pay Discounts Policy.)  ENT: This 10-year contract will cover grant funds to municipal of manace period for year one of this contract is 7/1/2021-6/30 the annual award is determined by the number of elders per imment 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.  Tractor certify for this Contract, or Contract Amendment, that of pations have been incurred prior to the Effective Date.	al Councils on Aging (COA) of the 1/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal its agreement and the amount of Contract obligations:	
a PPD as follows: Payment issued within 10 days	fy reason: X agree to standard 45 d EFT 45 day payment cycle. See I ANCE or REASON FOR AMENDM and other sources. The activity perfulls, their families and caregivers. To see their families and caregivers. To see their families and caregivers and their families and caregivers. To see their families and caregivers. To see their families and caregivers. To see their families and caregivers. The deadline to submit the fon only) The Department and Control to signature date below) and no oblig the PRIOR to the Effective Date below awments or as authorized reimbur as well to payments or as authorized reimbur and control to the prior to the Effective Date below awments or as authorized reimbur and control to the second their factors.	day cyclestatutory/legal or Ready Payments (M.G.L.C. Prompt Pay Discounts Policy.)  ENT: This 10-year contract will cover grant funds to municipal formance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per iment 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.  Tractor certify for this Contract, or Contract Amendment, that of pations have been incurred prior to the Effective Date.  We and no obligations have been incurred prior to the Effective payments for any obligations in sement payments, and that the details and circumstances of	al Councils on Aging (COA) of the by/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal is agreement and the amount of Contract obligations:  e Date.  neurred prior to the Effective Date all obligations under this Contract	
a PPD as follows: Payment issued within 10 days% PPD. If PPD percentages are left blank, identif (subsequent payments scheduled to support standar BRIEF DESCRIPTION OF CONTRACT PERFORM Commonwealth authorized through the annual GAA MGL provide social and support services to older ad census data, at a current rate of \$12 per person. Thi report describing how these grant funds were applied the prior obligation for year one is funded in the FY2 ANTICIPATED START DATE: (Complete ONE options, 20, a date LX_3, were incurred as of, 20, a date L, and incorporated into this Contract CONTRACT END DATE: Contract performance stamended, provided that the terms of this Contract completing any negotiated terms and warranties, to	fy reason: X agree to standard 45 of EFT 45 day payment cycle. See I ANCE or REASON FOR AMENDM and other sources. The activity perfults, their families and caregivers. T is contract will cover any rate adjust d. All approved obligations incurred 2 award. The deadline to submit the ion only) The Department and Control to signature date below) and no oblig ATER than the Effective Date below payments or as authorized reimburt. Acceptance of payments forever all terminate as of June 30, 20 and performance expectations and allow any close out or transition performance of payments or as allow any close out or transition performance expectations and allow any close out or transition performance.	day cyclestatutory/legal or Ready Payments (M.G.L.C. Prompt Pay Discounts Policy.)  ENT: This 10-year contract will cover grant funds to municipal formance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per imment or increase during the 10-year period. Each municipal (prior to the latest signature date are intended to be part of the signed contract is 6/30/22. MA #1.  Tractor certify for this Contract, or Contract Amendment, that Capations have been incurred prior to the Effective Date.	al Councils on Aging (COA) of the 0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal its agreement and the amount of Contract obligations:  e Date. curred prior to the Effective Date all obligations under this Contract nese obligations.  ate unless the Contract is properly resolving any claim or dispute, for ny lapse between amendments.	



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-comflicting terms may be added by Attachment. Contractors are required to access published forms at CTR Forms: <a href="https://www.macomptroller.org/forms">https://www.macomptroller.org/forms</a>.

Forms are also posted at OSD Forms: https://www.mass	s.gov/lists/osd-torms.				
CONTRACTOR LEGAL NAME: TOWN OF BELCHERTOWN (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD			
Legal Address: (W-9, W-4): PO BOX 607, BELCHERTOWN, MA 01007-0607		Business Mailing Address: 1 Ashburton PI, Boston MA 02108			
Contract Manager: JESSICA LANGLOIS	Phone: 413-323-0420	Billing Address (if different):			
E-Mail: jlanglois@belchertown.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419		
Contractor Vendor Code: VC6000191714		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 on	e option only)	CONTRACT AMENDI Enter Current Contract End Date <u>Prior</u> to Amendment: Enter Amendment Amount: \$ (or "no change"	, 20 <u>.</u>		
Statewide Contract (OSD or an OSD-designated Collective Purchase (Attach OSD approval, scope Department Procurement (includes all Grants - 8 Notice or RFR, and Response or other procureme Emergency Contract (Attach justification for emer Contract Employee (Attach Employment Status F. X Other Procurement Exception (Attach authorizing specific exemption or earmark, and exception justification in the contract Employee (Attach authorizing specific exemption or earmark, and exception justification in the contract Exception (Attach authorizing specific exemption or earmark, and exception justification in the contract Exception (Attach authorizing specific exemption or earmark, and exception in the contract Except	e, budget) 15 CMR 2.00) (Solicitation ent supporting documentation) gency, scope, budget) orm, scope, budget) ng language, legislation with ication, scope and budget)	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 b Other Procurement Exception (Attach authorizing lan scope and budget)	etails of amendment changes.) ed scope and budget) act and updated scope/budget) udget) guage/justification and updated		
into this Contract and are legally binding: (Check C ServicesCommonwealth IT Terms and Conditions	ONE option):Commonwealth T	lowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Condit	tions For Human and Social		
in the state accounting system by sufficient appropriat  X Rate Contract. (No Maximum Obligation) Attach	ions or other non-appropriated fundated fundated all rates, units, calculated	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms and this contract (or <i>new</i> total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> . re being amended.)		
a PPD as follows: Payment issued within 10 days % PPD. If PPD percentages are left blank, identify	% PPD; Payment issued within 1st reason: _X_agree to standard 45	n EFT 45 days from invoice receipt. Contractors requesting <b>a</b> 5 days % PPD; Payment issued within 20 days % PP day cycle statutory/legal or Ready Payments ( <u>M.G.L. c.</u> Prompt Pay Discounts Policy.)	D; Payment issued within 30 days		
BRIEF DESCRIPTION OF CONTRACT PERFORMAl Commonwealth authorized through the annual GAA a MGL provide social and support services to older adult census data, at a current rate of \$12 per person. This report describing how these grant funds were applied, the prior obligation for year one is funded in the FY22.	(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	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. and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	a Data		
X 3. were incurred as of <u>July 1</u> , 20 <u>21</u> , a date	PRIOR to the Effective Date belo avments 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	curred prior to the Effective Date all obligations under this Contract		
CONTRACT END DATE: Contract performance sha	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 COMMONWEALTH:					
X:			te: 1770 C. tTime 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.macomptroller.org/forms">https://www.macomptroller.org/forms</a>.

Forms are also posted at OSD Forms. https://www.mass	5.gov/ii5t5/050-1011115.		
CONTRACTOR LEGAL NAME: TOWN OF BELLINGHAM (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 10 MECHANIC ST, BELLINGHAM, MA 02019-3150		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: JOSIE DUTIL	Phone: 508-657-2705	Billing Address (if different):	
E-Mail: jdutil@bellinghamma.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191715		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. 88	В
X NEW CONTRA	СТ	CONTRACT AMEND	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check or	1	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	
Department Procurement (includes all Grants - 8 Notice or RFR, and Response or other procurement		Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contra	ed scope and budget)
Emergency Contract (Attach justification for eme	rgency, scope, budget)		udget)
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authoriz	form, scope, budget)	Other Procurement Exception (Attach authorizing lan	quage/justification and updated
specific exemption or earmark, and exception justi	fication, scope and budget)	scope and budget)	5 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -
The Standard Contract Form Instructions and Cor into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Conditions	ONE option):Commonwealth T	lowing Commonwealth Terms and Conditions document forms and Conditions X Commonwealth Terms and Conditions	t are incorporated by reference iions For Human and Social
COMPENSATION: (Check ONE option): The Departr	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	tions or other non-appropriated fun	ds, subject to intercept for Commonwealth owed debts unde	r <u>815 CMR 9.00</u> .
X Rate Contract. (No Maximum Obligation) Atlact Maximum Obligation Contract. Enter total maximum	mum obligation for total duration of	ons, conditions or terms and any changes if rates or terms a this contract (or <i>new</i> total if Contract is being amended). \$ _	e being amended.)
			acclarated navments must identify
a PPD as follows: Payment issued within 10 days	% PPD: Payment issued within 1:	h EFT 45 days from invoice receipt. Contractors requesting <b>a</b> 5 days % PPD; Payment issued within 20 days % PP	PD; Payment issued within 30 days
% PPD. If PPD percentages are left blank, identify	y 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 I	Prompt Pay Discounts Policy.)  ENT: This 10-year contract will cover grant funds to municipa	al Councils on Aging (COA) of the
Commonwealth authorized through the annual GAA	and other sources. The activity perf	formance period for year one of this contract is 7/1/2021-6/30	)/2022. The COAs established by
MGI provide social and support services to older adu	ults, their families and caregivers, T	he annual award is determined by the number of elders per i	municipality as per the most recent
census data, at a current rate of \$12 per person. This	contract will cover any rate adjustr	ment or increase during the 10-year period. Each municipal or prior to the latest signature date are intended to be part of the	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.	<b>3</b> //
ANTICIPATED START DATE: (Complete ONE option	on only) The Department and Contr	ractor 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 no obliq	gations have been incurred <u>prior</u> to the Effective Date.	
2. may be incurred as of, 20, a date L/	ATER than the Effective Date below	w and <u>no</u> obligations have been incurred <u>prior</u> to the Effective Date.  ow, and the parties agree that payments for any obligations incurred prior to the Effective Date	
X 3. were incurred as of July 1, 20 21, a data	e PRIOR to the Effective Date bein payments or as authorized reimbur	rsement 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 the	nese obligations.
CONTRACT END DATE: Contract performance sh	all terminate as of, 20, 20	0_32, with no new obligations being incurred after this d	ate unless the Contract is properly
amended, provided that the terms of this Contract a	and performance expectations and	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 lanse between amendments.
CERTIFICATIONS: Notwithstanding verbal or other	representations by the parties, the	e "Effective Date" of this Contract or Amendment shall be artment, or a later Contract or Amendment Start Date speci	ified above, subject to any required
approvals. The Contractor certifies that they have ac-	cessed and reviewed all documents	s incorporated by reference as electronically published and the	e Contractor makes all certifications
required under the Standard Contract Form Instruction	ns and Contractor Certifications un	der the pains and penalties of perjury, and further agrees to pof this Contract and doing business in Massachusetts are at	provide any required documentation
herein according to the following hierarchy of docum	ent precedence, the applicable Co	mmonwealth Terms and Conditions, this Standard Contract	Form, the Standard Contract Form
Instructions and Contractor Certifications, the Regu	est for Response (RFR) or other	solicitation, the Contractor's Response (excluding any lang	juage stricken by a Department as
unacceptable, and additional negotiated terms, provi	ded that additional negotiated term incorporated berein, provided that	s will take precedence over the relevant terms in the RFR ar any amended RFR or Response terms result in best value, I	ower costs, or a more cost effective
Contract.	mostporatos notom, provides mat	any announced that the strong results results in post things i	process: BH0000400000000000000000000000000000000
AUTHORIZING SIGNATURE FOR THE CONTRAC	TOR:	AUTHORIZING SIGNATURE FOR THE COMMONWE	ALTH: _/_/
A ( / - )		X:	ate: 7/9/02 .
(Signature and Date Must Be Captured	At Time of Signature)	(Signature and Date Must Be Captured A	t Time of Signature)
Print Name: Devis toure	<u>s</u>	Print Name: WWW Primm	1 1 000 June
Print Title: Your Administrator. Print Title:		Print Title: 11 MCNV / COWINGS	am i recovery



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 Contractor Certifications, 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.maccomptroller.org/forms">https://www.maccomptroller.org/forms</a>.

Forms are also posted at OSD Forms: https://www.mass	gov/lists/osd-forms.		
CONTRACTOR LEGAL NAME: TOWN OF BELMONT (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): PO BOX 56, BELMONT, MA 02478-0900		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: NAVA NIV-VOGEL Phone: 617-993-2970		Billing Address (if different):	
E-Mail: nnivvogel@belmont-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191717		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 020822000000000000006	
(Note: The Address ID must be set up for EFT paym	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В
		MENT, 20  ') etails of amendment changes.) ed scope and budgot) act and updated scope/budget) sudget) siguage/justification and updated t are incorporated by reference tions For Human and Social	
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attact  Maximum Obligation Contract. Enter total maximum	tions or other non-appropriated func h details of all rates, units, calculatio mum obligation for total duration of	norized performance accepted in accordance with the terms dis, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms at this contract (or new total if Contract is being amended). \$	er 815 CMR 9.00. The being amended.)
a PPD as follows: Payment issued within 10 days% PPD. If PPD percentages are left blank, identif (subsequent payments scheduled to support standard BRIEF DESCRIPTION OF CONTRACT PERFORMA Comproposable authorized through the annual GAA	_% PPD; Payment issued within 15 y reason: X_agree to standard 45 d EFT 45 day payment cycle. See P INCE or REASON FOR AMENDME and other sources. The activity performs	n EFT 45 days from invoice receipt. Contractors requesting a 5 days % PPD; Payment issued within 20 days % PPD day cycle statutory/legal or Ready Payments (M.G.L. c. 2 compt Pay Discounts Policy.)  ENT: This 10-year contract will cover grant funds to municipe mance period for year one of this contract is 7/1/2021-6/30 de annual award is determined by the number of elders per	29, § 23A); only initial payment al Councils on Aging (COA) of the 0/2022. The COAs established by
census data, at a current rate of \$12 per person. This report describing how these grant funds were applied the prior obligation for year one is funded in the FY22	s contract will cover any rate adjustn I. All approved obligations incurred p I award. The deadline to submit the	nent or increase during the 10-year period. Each municipal prior to the latest signature date are intended to be part of the signed contract is 6/30/22. MA #1.	nis 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:			re Date. ncurred prior to the Effective Date f all obligations under this Contract
CONTRACT END DATE: Contract performance sh amended, provided that the terms of this Contract completing any negotiated terms and warranties, to a	all terminate as of <u>June 30</u> , 20 and performance expectations and allow any close out or transition perf	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 a	date unless the Contract is properly fresolving any claim or dispute, for ny lapse between amendments.
Amendment has been executed by an authorized si approvals. The Contractor certifies that they have ac required under the Standard Contract Form Instruction upon request to support compliance, and agrees the herein according to the following hierarchy of docum Instructions and Contractor Certifications, the Requirescentible, and additional penalticided terms, provided.	gnatory of the Contractor, the Depa cessed and reviewed all documents ons and Contractor Certifications un- it all terms governing performance of each precedence, the applicable Co- lest for Response (RFR) or other sided that additional negotiated terms incorporated herein, provided that a TOR:	e "Effective Date" of this Contract or Amendment shall be artment, or a later Contract or Amendment Start Date specincorporated by reference as electronically published and the der the pains and penalties of perjury, and further agrees to fit his Contract and doing business in Massachusetts are all ammonwealth Terms and Conditions, this Standard Contract solicitation, the Contractor's Response (excluding any langs will take precedence over the relevant terms in the RFR all any amended RFR or Response terms result in best value,  AUTHORIZING SIGNATURE FOR THE COMMONWER SIGNATURE FOR THE SIGNATU	inted above, subject to any required the Contractor makes all certifications provide any required documentation ttached or incorporated by reference to Form, the Standard Contract Form guage stricken by a Department as not the Contractor's Response only if lower costs, or a more cost effective
Print Name: Vatrice Corvin.  Print Title: Town Administrator  Print Title: Dwelfor I (signature and Date must be captured at Time of Signature)  Print Title: Dwelfor I (signature and Date must be captured at Time of Signature)  Print Title: Dwelfor I (signature and Date must be captured at Time of Signature)  Print Title: Dwelfor I (signature and Date must be captured at 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</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.macomptroller.org/forms">https://www.macomptroller.org/forms</a>.
Forms are also posted at OSD Forms: <a href="https://www.mass.gov/lists/osd-forms">https://www.mass.gov/lists/osd-forms</a>.

CONTRACTOR LEGAL NAME: TOWN OF BERKLEY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 1 N MAIN ST, BERKLEY, MA 02779-1336		Business Mailing Address: 1 Ashburton PI, Boston N	IA 02108
Contract Manager: AMANDA BLAIS	Phone: 508-821-3105	Billing Address (if different):	
	eam @ bernleuma	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191719	18	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.	0.5	MMARS Doc ID(s): 02082200000000000006	ACTORION OF THE PARTY OF THE PA
(Note: The Address ID must be set up for EFT paym	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	B
_X_ NEW CONTRAC	CT	CONTRACT AMEND	
PROCUREMENT OR EXCEPTION TYPE: (Check on		Enter Current Contract End Date <u>Prior</u> to Amendment:	
Statewide Contract (OSD or an OSD-designated   Collective Purchase (Attach OSD approval, scope   Department Procurement (includes all Grants - 8   Notice or RFR, and Response or other procureme   Emergency Contract (Attach justification for emer	e, budget) 15 CMR 2.00) (Solicitation ent supporting documentation) gency, scope, budget)	Enter Amendment Amount: \$ (or "no change" AMENDMENT TYPE: (Check one option only. Attach dAmendment to Date, Scope or Budget (Attach updatInterim Contract (Attach justification for Interim ContractContract Employee (Attach any updates to scope or b	etails of amendment changes.) ed scope and budget) act and updated scope/budget)
Contract Employee (Attach Employment Status For X Other Procurement Exception (Attach authorizing X Other Procurement Exception (Attach authorizing X Other Procurement Exception (Attach Employment Status For X Other Procurement Exception (Attach Employment	ng language, legislation with	Other Procurement Exception (Attach authorizing lan	
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 Services Commonwealth IT Terms and Conditions	tractor Certifications and the fol DNE 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
in the state accounting system by sufficient appropriat	ions or other non-appropriated fun-	norized performance accepted in accordance with the terms 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.
Maximum Obligation Contract. Enter total maxin	num obligation for total duration of	this contract (or <i>new</i> total if Contract is being amended). \$ _	<u> </u>
a PPD as follows: Payment issued within 10 days	.% PPD; Payment issued within 15 reason: X agree to standard 45	n EFT 45 days from invoice receipt. Contractors requesting a 5 days % PPD; Payment issued within 20 days % PP day cycle statutory/legal or Ready Payments ( <u>M.G.L. c.</u> Prompt Pay Discounts Policy.)	D; Payment issued within 30 days
Commonwealth authorized through the annual GAA at MGL provide social and support services to older adult census data, at a current rate of \$12 per person. This	nd other sources. The activity perfits, their families and caregivers. The contract will cover any rate adjustral approved obligations incurred	ENT: This 10-year contract will cover grant funds to municipe 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 the signed contract is 6/30/22. MA #1.	1/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal
ANTICIPATED START DATE: (Complete ONE option	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 s			2.1
		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	
are authorized to be made either as settlement pa	ayments or as authorized reimburs	w, and the parties agree that payments for any obligations in ement 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 ar	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 propared, 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 completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.		
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Cont. Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any re approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certific required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required document 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 according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department, or a doditional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response 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 of Contract.			fied above, subject to any required 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 i
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:  X:		iLTH: te: <u>4/28/22</u> . : Time of Signature)  All vn My	



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</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.macomptroller.org/forms">https://www.macomptroller.org/forms</a>.

Forms are also posted at OSD Forms: <a href="https://www.macomptroller.org/forms">https://www.macomptroller.org/forms</a>.

	nass.gov/lists/osd-forms.		
CONTRACTOR LEGAL NAME: TOWN OF BERLIN (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 23 LINDEN ST STE 8, BERLIN, MA 01503-1669		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: VICTORIA FLYNN Phone: 978-838-2750		Billing Address (if different):	
E-Mail: coadirector@townofberlin.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191720		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 00	1.	MMARS Doc ID(s): 020822000000000000006	
(Note: The Address ID must be set up for EFT pa		RFR/Procurement or Other ID Number: MGL c. 40	s. 8B
X NEW CONT	RACT	CONTRACT AME	NDMENT
PROCUREMENT OR EXCEPTION TYPE: (Check		Enter Current Contract End Date Prior to Amendme	
Statewide Contract (OSD or an OSD-designal	ed Department)	Enter Amendment Amount: \$ (or "no chai	
Collective Purchase (Attach OSD approval, so Department Procurement (includes all Grants	cope, budget)	AMENDMENT TYPE: (Check one option only. Attack Amendment to Date, Scope or Budget (Attach up	
Notice or RFR, and Response or other procur	ement supporting documentation)	Interim Contract (Attach justification for Interim Co	ontract and updated scope/budget)
Emergency Contract (Attach justification for el	mergency, scope, budget)	Contract Employee (Attach any updates to scope	or budget)
Contract Employee (Attach Employment Statu_X_ Other Procurement Exception (Attach author)	rizing language, legislation with	Other Procurement Exception (Attach authorizing	language/justification and updated
specific exemption or earmark, and exception ju	stification, scope and budget)	scope and budget)	
The Standard Contract Form Instructions and 0 into this Contract and are legally binding: (Che ServicesCommonwealth IT Terms and Condition of the contract in the standard Condition of the standard Contract Form Instructions and Condition of the standard Contract Form Instruction of the standard Condition of the standard Condit	ck ONE option): Commonwealth 1	Ilowing Commonwealth Terms and Conditions docur Ferms and Conditions X Commonwealth Terms and Co	nent are incorporated by reference onditions For Human and Social
in the state accounting system by sufficient approp  X Rate Contract. (No Maximum Obligation) At	riations or other non-appropriated fun tach details of all rates, units, calculati	thorized performance accepted in accordance with the te lds, subject to intercept for Commonwealth owed debts u ions, conditions or terms and any changes if rates or term this contract (or <b>new</b> total if Contract is being amended)	nder <u>815 CMR 9.00</u> . ns are being amended.)
	A STATE OF THE PARTY OF THE PAR		
a PPD as follows: Payment issued within 10 day:% PPD. If PPD percentages are left blank, idel	s% PPD; Payment issued within 1 ntify reason: _X_agree to standard 45	h EFT 45 days from invoice receipt. Contractors requesti 5 days % PPD; Payment issued within 20 days % 6 day cycle statutory/legal or Ready Payments ( <u>M.G.l</u> Prompt Pay Discounts Policy.)	PPD; Payment issued within 30 days
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 o	ption only) The Department and Contr	ractor certify for this Contract, or Contract Amendment, the	nat Contract obligations:
1. may be incurred as of the Effective Date (late	est signature date below) and no oblig	gations have been incurred <u>prior</u> to the Effective Date.	athur Data
2. may be incurred as of, 20, a date	LATER than the Effective Date below	v and <u>no</u> obligations have been incurred <u>prior</u> to the Effe ow, and the parties agree that payments for any obligation	os incurred prior to the Effective Date
are authorized to be made either as settleme	nt payments or as authorized reimbur	sement payments, and that the details and circumstance	s of all obligations under this Contract
are attached and incorporated into this Contri	act. Acceptance of payments forever	releases the Commonwealth from further claims related	to these obligations.
amended provided that the terms of this Contract	ct and performance expectations and	0.32, with no new obligations being incurred after the obligations shall survive its termination for the purpose formance, reporting, invoicing or final payments, or durin	e of 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 herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form, the Standard Contract Form herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form herein according to the following hierarchy of document precedence of this Contract and Contract Corn.  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 any amended RFR or Response terms result in best value, lower costs, or a more c			



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 Standard Contract Form Instructions and Contractor Certifications, the Commonwealth Terms and Conditions 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.macomptroller.org/forms">https://www.macomptroller.org/forms</a>. Forms are

also posted at OSD Forms: https://www.mass.gov/ilsts/d	730 101113.		
CONTRACTOR LEGAL NAME: TOWN OF BERNARDSTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): PO BOX 504, BERNARDSTON, MA 01337-0504		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: HAYLEY BOLTON	Phone: 413-648-5413	Billing Address (if different):	
E-Mail: coa@townofbernardston.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191722		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. 8E	3
_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 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)		CONTRACT AMENDMENT  Enter Current Contract End Date <u>Prior</u> to Amendment:, 20  Enter Amendment Amount: \$ (or "no change")  AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) Amendment to 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 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 _XCommonwealth 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 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 only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:			e Date. curred prior to the Effective Date all obligations under this Contract ese obligations. ate unless the Contract is properly 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: Signature and Date Must Be Captured At Time of Signature)  Print Name: TENNIFER REYNULDS.  Print Title: DIRECTOR  Date: 3/9/12/022  (Signature and Date Must Be Captured At Time of Signature)  Print Name: AMIN BILLIONS  Print Title: DIRECTOR  Print Title: DIRECTOR			- A A-corphy

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.gov/lists/god-forms">https://www.macs.gov/lists/god-forms</a>.

Forms are also posted at OSD Forms: https://www.mas	s.gov/iists/0su-i0fffis.		
CONTRACTOR LEGAL NAME: CITY OF BEVERLY		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs  MMARS Department Code: ELD	
(and d/b/a): Legal Address: (W-9, W-4): 191 CABOT ST, BEVERLY, MA 01915-5849		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: MARYANN HOLAK	Phone: 978-921-6017	Billing Address (if different):	
E-Mail: mholak@beverlyma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000192074		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. 88	3
X NEW CONTRA	CT	CONTRACT AMEND	
PROCUREMENT OR EXCEPTION TYPE: (Check or		Enter Current Contract End Date <u>Prior</u> to Amendment:	
Statewide Contract (OSD or an OSD-designated	1977 2.7	Enter Amendment Amount: \$ (or "no change"	
Collective Purchase (Attach OSD approval, scop	e, budget)	AMENDMENT TYPE: (Check one option only. Attach de	
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 Interim Contract (Attach justification for Interim Contra	ed scope and budget)
Emergency Contract (Attach justification for eme	rgency, scope, budget)	Interim Contract (Attach justification for interim Contract Contract Employee (Attach any updates to scope or be	udaet)
Contract Employee (Attach Employment Status F _X_ Other Procurement Exception (Attach authoriz	Form, scope, budget)	Other Procurement Exception (Attach authorizing lan	guage/justification and updated
specific exemption or earmark, and exception justi	fication, scope and budget)	scope and budget)	
The Standard Contract Form Instructions and Cor into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Conditions	ONE option): <u>Commonwealth T</u>	lowing Commonwealth Terms and Conditions document ferms and Conditions X Commonwealth Terms and Conditions	t are incorporated by reference 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 su 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).			r <u>815 CMR 9.00</u> .
			eselevated payments must identify
a PPD as follows: Payment issued within 10 days _ % PPD. If PPD percentages are left blank, identif (subsequent payments scheduled to support standar	_% PPD; Payment issued within 1 y reason: <u>X</u> agree to standard 45 d EFT 45 day payment cycle. See l	h EFT 45 days from invoice receipt. Contractors requesting <b>a</b> 5 days % PPD; Payment issued within 20 days % PP is day cycle statutory/legal or Ready Payments ( <u>M.G.L. c.</u> Prompt Pay Discounts Policy.)	29, § 23A); only initial payment
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDME Commonwealth authorized through the annual GAA and other sources. The activity performance provide social and support services to older adults, their families and caregivers. The census data, at a current rate of \$12 per person. This contract will cover any rate adjustment describing how these grant funds were applied. All approved obligations incurred to		ENT: This 10-year contract will cover grant funds to municipal formance period for year one of this contract is 7/1/2021-6/30 the annual award is determined by the number of elders per upon to rincrease during the 10-year period. Each municipal 0	municipality as per the most recent COA will complete an annual fiscal
ANTICIPATED START DATE: (Complete ONE option	on only) The Department and Cont	ractor 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 no oblig	gations have been incurred prior to the Effective Date.	
2. may be incurred as of, 20, a date L/	ATER than the Effective Date below	v and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.
are authorized to be made either as settlement are attached and incorporated into this Contract	payments or as authorized reimbur Acceptance of payments forever	ow, 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 lese obligations.
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
Amendment has been executed by an authorized si approvals. The Contractor certifies that they have ac required under the Standard Contract Form Instructic upon request to support compliance, and agrees that herein according to the following hierarchy of docum Instructions and Contractor Certifications, the Requirescentible and additional pegotiated terms provided.	gnatory of the Contractor, the Dep cessed and reviewed all documents one and Contractor Certifications until terms governing performance tent precedence, the applicable Collect for Response (RFR) or other ded that additional negotiated term incorporated herein, provided that TOR:  Date: 3/24/27  At Time of Signature)	e "Effective Date" of this Contract or Amendment shall be artment, or a later Contract or Amendment Start Date species 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 atternated to the contract and Conditions, this Standard Contract solicitation, the Contractor's Response (excluding any lang swill take precedence over the relevant terms in the RFR and any amended RFR or Response terms result in best value, leading to the contract of the contract o	ned above, subject to any required e Contractor makes all certifications or 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 ower costs, or a more cost effective
1			



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 <a href="Standard Contract Form Instructions">Standard Contract Form Instructions</a>
and Contractor Certifications, the Commonwealth Terms and Conditions for Human and Social Services or the Commonwealth IT Terms and Conditions 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.maccomptroller.org/forms">https://www.maccomptroller.org/forms</a>.

Forms are also posted at OSD Forms: <a href="https://www.maccomptroller.org/forms">https://www.maccomptroller.org/forms</a>.

CONTRACTOR LEGAL NAME: TOWN OF BILLERICA (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): PO BOX 596, BILLERICA, MA 01821-0596		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: JEAN BUSHNELL	Phone: 978-671-0916	Billing Address (if different):	
E-Mail: jbushnell@town.billerica.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191723	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): 02082200000000000000	1 un. 017-127 0000
(Note: The Address ID must be set up for EFT paym	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 85	2
X NEW CONTRA		CONTRACT AMENDA	
PROCUREMENT OR EXCEPTION TYPE: (Check or Statewide Contract (OSD or an OSD-designated	ne option only) Department)	Enter Current Contract End Date <u>Prior</u> to Amendment: _ Enter Amendment Amount: \$ (or "no change")	, 20_ <u></u> .
Collective Purchase (Attach OSD approval, scope Department Procurement (includes all Grants - 8 Notice or RFR, and Response or other procureme	15 CMR 2.00) (Solicitation	AMENDMENT TYPE: (Check one option only. Attach de 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 be	
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authorizi	ng language, legislation with	Other Procurement Exception (Attach authorizing language)	
specific exemption or earmark, and exception justif		scope and budget)	
The Standard Contract Form Instructions and Coninto this Contract and are legally binding: (Check Carries Commonwealth IT Terms and Conditions	ONE option): Commonwealth T	lowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Condit	ions For Human and Social
in the state accounting system by sufficient appropriat  X Rate Contract. (No Maximum Obligation) Attach	ions or other non-appropriated fun- n details of all rates, units, calculation	norized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms are	r <u>815 CMR 9.00</u> . re being amended.)
		this contract (or <i>new</i> total if Contract is being amended). \$ _	
a PPD as follows: Payment issued within 10 days	_% PPD; Payment issued within 19 reason: X_agree to standard 45	n EFT 45 days from invoice receipt. Contractors requesting at 5 days % PPD; Payment issued within 20 days % PP day cycle statutory/legal or Ready Payments (M.G.L. c. Promot Pay Discounts Policy.)	D; Payment issued within 30 days
BRIEF DESCRIPTION OF CONTRACT PERFORMA Commonwealth authorized through the annual GAA a MGL provide social and support services to older adu census data, at a current rate of \$12 per person. This	NCE or REASON FOR AMENDMI nd other sources. The activity perfi lts, their families and caregivers. The contract will cover any rate adjustr . All approved obligations incurred	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 the annual award is determined by the number of elders per in the nent or increase during the 10-year period. Each municipal Coprior to the latest signature date are intended to be part of this	/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal
		actor certify for this Contract, or Contract Amendment, that C	contract obligations:
		ations have been incurred <u>prior</u> to the Effective Date.	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	
are authorized to be made either as settlement p are attached and incorporated into this Contract.	ayments or as authorized reimburs Acceptance of payments forever	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 th	all obligations under this Contract ese obligations.
amended, provided that the terms of this Contract a	nd performance expectations and	32 , with no new obligations being incurred after this do obligations shall survive its termination for the purpose of ormance, 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 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 i 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:			te: <u>31912-2</u> . t 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.gov/lists/opd-forms">https://www.macs.gov/lists/opd-forms</a>.

Forms are also posted at OSD Forms: https://www.mass.gov/lists/osd-forms.				
CONTRACTOR LEGAL NAME: TOWN OF BLACKSTONE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 15 ST. PAUL STREET, BLACKSTONE, MA 01504-2276		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: LAURIE KEEFE Phone: 508-876-5135		Billing Address (if different):		
E-Mail: Ikeefe@townofblackstone.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191724	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 payme	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 88	3	
_X_ NEW CONTRAC	T .	CONTRACT AMENDI		
PROCUREMENT OR EXCEPTION TYPE: (Check on	- 12	Enter Current Contract End Date <u>Prior</u> to Amendment:		
Statewide Contract (OSD or an OSD-designated D		Enter Amendment Amount: \$ (or "no change")	)	
Collective Purchase (Attach OSD approval, scope	, budget)	AMENDMENT TYPE: (Check one option only, Attach de		
Department Procurement (includes all Grants - 81 Notice or RFR, and Response or other procureme		Amendment to Date, Scope or Budget (Attach update	et and undeted seems/budget)	
Emergency Contract (Attach justification for emergency	gency, scope, budget)	Interim Contract (Attach justification for Interim Contra Contract Employee (Attach any updates to scope or but		
Contract Employee (Attach Employment Status For X Other Procurement Exception (Attach authorizing X Other Procurement Exception (Attach authorizing X Other Procurement Exception (Attach Employment Exception (Attach Empl		Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justifi		scope and budget)		
The Standard Contract Form Instructions and Continto this Contract and are legally binding: (Check C Services Commonwealth IT Terms and Conditions	tractor Certifications and the fol DNE option):Commonwealth T	lowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Condit	are incorporated by reference ions For Human and Social	
in the state accounting system by sufficient appropriati 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.)			
		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 report describing how these grant funds were applied. the prior obligation for year one is funded in the FY22	All approved obligations incurred	nent 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.	COA will complete an annual fiscal is agreement and the amount of	
ANTICIPATED START DATE: (Complete ONE option	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 s	signature date below) and <u>no</u> oblig	ations have been incurred prior to the Effective Date.	5.4	
2, may be incurred as of, 20, a date LA	TER than the Effective Date below	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	Date.	
are authorized to be made either as settlement p	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 the	nese 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 CONTRACTOR:  X:			ate: 5/4/22.	



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 Standard Contract Form Instructions and Contractor Certifications, the Commonwealth Terms and Conditions for Human and Social Services or the Commonwealth IT Terms and Conditions 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.mas	s.gov/lists/osd-forms.		
CONTRACTOR LEGAL NAME: TOWN OF BLANDFORD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 102 MAIN ST, BLANDFORD, MA 01008-9800		Business Mailing Address: 1 Ashburton Pl, Boston MA 02108	
Contract Manager: MARGIT MIKUSKI Phone: 413-848-4279		Billing Address (if different):	
E-Mail: mmikuski@townofblandford.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191725		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 020822000000000000006	
(Note: The Address ID must be set up for EFT payn	nents.)	RFR/Procurement or Other ID Number: MGL c. 40	s. 8B
X NEW CONTRA	CT	CONTRACT AME	NDMENT
PROCUREMENT OR EXCEPTION TYPE: (Check or	ne option only)	Enter Current Contract End Date Prior to Amendment	
Statewide Contract (OSD or an OSD-designated		Enler Amendment Amount: \$ (or "no char	
Collective Purchase (Attach OSD approval, scop     Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Artac Amendment to Date, Scope or Budget (Attach up	
Notice or RFR, and Response or other procurem	ent supporting documentation)	Interim Contract (Attach justification for Interim Co	
Emergency Contract (Attach justification for eme Contract Employee (Attach Employment Status I		Contract Employee (Attach any updates to scope	
X Other Procurement Exception (Attach authoriz	ring language, legislation with	Other Procurement Exception (Attach authorizing	
specific exemption or earmark, and exception just		scope and budget)	
	ONE option): Commonwealth	ollowing Commonwealth Terms and Conditions docur Terms and Conditions X Commonwealth Terms and Co	
COMPENSATION: (Check ONE option): The Depart	ment certifies that payments for au	thorized performance accepted in accordance with the te	rms of this Contract will be supported
		nds, subject to intercept for Commonwealth owed debts u	
		tions, conditions or terms and any changes if rates or term of this contract (or <i>new</i> total if Contract is being amended)	
		gh EFT 45 days from invoice receipt. Contractors requesti	
		gn EFT 45 days from invoice receipt. Commactors requesti 15 days % PPD; Payment issued within 20 days %	
% PPD. If PPD percentages are left blank, identil	y reason: X agree to standard 4	5 day cycle statutory/legal or Ready Payments (M.G.I	c. 29. § 23A); only initial payment
(subsequent payments scheduled to support standar	SECURE DESCRIPTION AND DESCRIPTION AND ADDRESS OF THE PERSON OF THE PERS	MENT: This 10-year contract will cover grant funds to mur	nicinal Councils on Aging (COA) of the
Commonwealth authorized through the annual GAA	and other sources. The activity per	rformance period for year one of this contract is 7/1/2021-	6/30/2022. The COAs established by
		The annual award is determined by the number of elders trnent or increase during the 10-year period. Each munici	
The state of the s		d prior to the latest signature date are intended to be part	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
the prior obligation for year one is funded in the FY2.	BENEFICIA DE LA CONTRACTOR DE LA CONTRAC		AND THE PROPERTY OF THE PROPER
		tractor certify for this Contract, or Contract Amendment, the	nat Contract obligations:
		igations have been incurred <u>prior</u> to the Effective Date. w and <u>no</u> obligations have been incurred <u>prior</u> to the Effe	ective Date
		low, and the parties agree that payments for any obligation	
are authorized to be made either as settlement	payments or as authorized reimbu	rsement payments, and that the details and circumstance r releases the Commonwealth from further claims related	s of all obligations under this Contract
CONTRACT END DATE: Contract performance sh	all terminate as of <u>June 30</u> , 2	20 32 , with no new obligations being incurred after the	nis date unless the Contract is properly
		d obligations shall survive its termination for the purposerformance, reporting, invoicing or final payments, or during	
CERTIFICATIONS: Notwithstanding verbal or other	r representations by the parties, the	he "Effective Date" of this Contract or Amendment shall	be the latest date that this Contract or
		partment, or a later Contract or Amendment Start Date s ts incomporated by reference as electronically published ar	
required under the Standard Contract Form Instruction	ons and Contractor Certifications u	nder the pains and penalties of perjury, and further agrees	s to provide any required documentation
1	0 01	of this Contract and doing business in Massachusetts are commonwealth Terms and Conditions, this Standard Con-	7. 2 . 3
		r solicitation, the Contractor's Response (excluding any	
unacceptable, and additional negotiated terms, prov	ided that additional negotiated terri	ns will take precedence over the relevant terms in the RF	R and the Contractor's Response only if
made using the process outlined in 801 CMR 21.07. Contract.	incorporated nerein, provided that	t any amended RFR or Response terms result in best val	ue, lower costs, or a more cost enective
AUTHORIZING SIGNATURE FOR THE CONTRACTOR: , AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:			WEALTH:
0 / 0 / 0 / 0		x: Mm	Date: 3/22/22
X: (Signature and Date Must Be Captured	At Time of Signature)	X:(Signature and Date Must Be Captur	
Print Name: CARA LETENDI	RE .	Print Name: 12 vm 301 man	M. Welowithy
Print Title: CHAIRPERSON, SELECTBOARD Print Title: DIVENT		Print Title: Divector of authority	_ MI .VHlorwithy



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</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.macomptroller.org/forms">https://www.macomptroller.org/forms</a>.

Forms are also posted at OSD Forms: <a href="https://www.mas.">https://www.mas.</a>	s.gov/lists/osd-forms.			
CONTRACTOR LEGAL NAME: TOWN OF BOLTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): PO BOX 127, BOLTON, MA 01740-0127		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: LISA D'EON	Phone: 978-779-3313	Billing Address (if different):		
E-Mail: coa@townofbolton.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191726		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000006	h	
(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	CONTRACT AMENDMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check or	NAME OF TAXABLE PARTY O	Enter Current Contract End Date <u>Prior</u> to Amendment:		
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 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 budger) act and undated scope/budget)	
Emergency Contract (Attach justification for emergency Contract)	rgency, scope, budget)	Contract Employee (Attach any updates to scope or b	oudget)	
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authorizing	orm, scope, budget) ing language, legislation with	Other Procurement Exception (Attach authorizing lan	iguage/justification and updated	
specific exemption or earmark, and exception justif	fication, scope and budget)	scope and budget)		
The Standard Contract Form Instructions and Corinto this Contract and are legally binding: (Check ServicesCommonwealth IT Terms and Conditions	ONE option): Commonwealth T	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	norized performance accepted in accordance with the terms	of this Contract will be supported	
in the state accounting system by sufficient appropria	tions or other non-appropriated fun-	ds, subject to intercept for Commonwealth owed debts unde	er <u>815 CMR 9.00</u> .	
X Rate Contract. (No Maximum Obligation) Attack	n details of all rates, units, calculate	ons, 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.)	
		n EFT 45 days from invoice receipt. Contractors requesting a		
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	y 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	LEFT 45 day payment cycle. See F	rompt Pay Discounts Policy.) ENT: This 10-year contract will cover grant funds to municipa	al Councils on Aging (COA) of the	
Commonwealth authorized through the annual GAA a	and other sources. The activity perfe	ormance period for year one of this contract is 7/1/2021-6/30	0/2022. The COAs established by	
MGL provide social and support services to older adu	ults, their families and caregivers, TI	he annual award is determined by the number of elders per ment or increase during the 10-year period. Each municipal	municipality as per the most recent	
report describing how these grant funds were applied	I. 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	2 award. The deadline to submit the	e signed contract is 6/30/22. MA #1.		
		actor certify for this Contract, or Contract Amendment, that (	Contract obligations:	
1. may be incurred as of the Effective Date (latest	signature date below) and <u>no</u> oblig	ations have been incurred <u>prior</u> to the Effective Date. <i>r</i> and <u>no</u> obligations have been incurred <u>prior</u> to the Effectiv	e Date.	
	e PRIOR to the Effective Date below	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 of	payments or as authorized reimburs	sement payments, and that the details and circumstances of	all obligations under this Contract	
		releases the Commonwealth from further claims related to the		
CONTRACT END DATE: Contract performance shaped arrayided that the terms of this Contract of	all terminate as of <u>June 30</u> , 20	0.32 , with no new obligations being incurred after this of obligations shall survive its termination for the purpose of	resolving any claim or 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 an	ny lapse between amendments.	
CERTIFICATIONS: Notwithstanding verbal or other	r representations by the parties, the	e "Effective Date" of this Contract or Amendment shall be artment, or a later Contract or Amendment Start Date spec	the latest date that this Contract or	
approvals. The Contractor certifies that they have accompany	cessed and reviewed all documents	incorporated by reference as electronically published and the	e Contractor makes all certifications	
required under the Standard Contract Form Instruction	ons and Contractor Certifications un	der the pains and penalties of perjury, and further agrees to of this Contract and doing business in Massachusetts are at	provide any required documentation	
herein according to the following hierarchy of docum	ent precedence, the applicable Co	mmonwealth Terms and Conditions, this Standard Contract	t Form, the Standard Contract Form	
Instructions and Contractor Certifications, the Regu	est for Response (RFR) or other	solicitation, the Contractor's Response (excluding any lang	quage stricken by a Department as	
made using the process outlined in 801 CMR 21.07.	incorporated herein, provided that	s will take precedence over the relevant terms in the RFR ar any amended RFR or Response terms result in best value, I	lower costs, or a more cost effective	
Contract.	encourage of the same transfer of the same	- The second section of the second section is a second section of the second section of the second section section is a second section of the second section s		
AUTHORIZING SIGNATURE FOR THE CONTRACT		AUTHORIZING SIGNATURE FOR THE COMMONWE	ALTH:	
x: Danle a Jowe	. Date: 03 - 13 - 47	X: //// /// D	ate: 916/22	
(Signature and Date Must Be Captured	At Time of Signature)	(Signature and Date Must Be Captured A	At Time of Signature)	
Print Name: DONALD A. LOW!	<del></del>	Print Name: VIII Print Title: O	Dempoline	
Print Title: TOWN ADMINISTRATIOR		Sunt little: A 1 MC ( In a 4 ( In a set a) ( Man)	MILLION	



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.macomptroller.org/forms">https://www.macomptroller.org/forms</a>. Forms are also posted at OSD Forms: <a href="https://www.macomptroller.org/forms">https://www.macomptroller.org/forms</a>.

-orns are also posted at OoD Forms. https://www.mas	8.gov/(ists/050-1011115.		
CONTRACTOR LEGAL NAME: CITY OF BOSTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 1 CITY HALL AVE, BOSTON, MA 02108-4309		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: EMILY SHEA	Phone: 617-635-4375	Billing Address (if different):	
E-Mail: melissa.carlson@boston.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000192075		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	В
_X_ NEW CONTRA	CT	CONTRACT AMENDA	
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)mergency 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 Coninto this Contract and are legally binding: (Check ServicesCommonwealth IT Terms and Conditions	ONE option): Commonwealth T	lowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Condit	t are incorporated by reference tions For Human and Social
in the state accounting system by sufficient appropria  X Rate Contract. (No Maximum Obligation) Attact	tions or other non-appropriated fun n details of all rates, units, calculati	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms at this contract (or <i>new</i> total if Contract is being amended). \$_	r 815 CMR 9.00.
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must 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% 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 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) 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 establish 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 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 latest signature date are intended to be part of this agreement and the amount of the latest signature date are intended to be part of this agreement and the amount of the latest signature date are intended to be part of this agreement and the amount of the latest signature date are intended to be part of this agreement and the amount of the latest signature date are intended to be part of this agreement and the amount of the latest signature date are intended to be part of this agreement and the amount of the latest signature date are intended to be part of this agreement and the amount of			PD; Payment issued within 30 days 29, § 23A); only initial payment al Councils on Aging (COA) of the 1/2022. 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 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 signature date below) and no obligations have been incurred prior to the Effective Date. 2. may be incurred as of, 20, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date. 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 below, and the parties agree that payments for any obligations incurred prior to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date below, and the parties agree that payments for any obligations incurred prior to th			e Date. curred prior to the Effective Date 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 doubligations 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 Contra Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certificate required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required document 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 as electronically published and the Contract or any required document 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 as electronically published and the Contract or any required document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract form the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form, the Standard Contract form the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contrac			filed above, subject to any required e Contractor makes all certifications rovide any required documentation ached or incorporated by reference Form, the Standard Contract Form juage stricken by a Department as d the Contractor's Response only if ower costs, or a more cost effective





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.macomptroller.org/forms">https://www.macomptroller.org/forms</a>.
Forms are also posted at OSD Forms: <a href="https://www.macomptroller.org/forms">https://www.macomptroller.org/forms</a>.

CONTRACTOR LEGAL NAME: TOWN OF BOURNE		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs			
(and d/b/a): Legal Address: (W-9, W-4): 24 PERRY AVE, BUZZARDS BAY, MA 02532-3441		MMARS Department Code: ELD			
Legal Address: (W-9, W-4): 24 PERRY AVE, BUZZAF Contract Manager: DEBORA OLIVIERE	Phone: 508-759-0600	Business Mailing Address: 1 Ashburton PI, Boston MA 02108  Billing Address (if different):			
	Propagation (1974) - P. C. Sandari (1974) - Sandari (1974)	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419		
E-Mail: doliviere@townofbourne.com	Fax:	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368		
Contractor Vendor Code: VC6000191727			Fax. 017-727-9300		
Vendor Code Address ID (e.g. "AD001"): AD 001. (Note: The Address ID must be set up for EFT paym	onto \	MMARS Doc ID(s): 02082200000000000000			
		RFR/Procurement or Other ID Number: MGL c. 40 s. 8E			
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 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)		CONTRACT AMENDMENT  Enter Current Contract End Date <u>Prior</u> to Amendment:, 20  Enter Amendment Amount: \$ (or "no change")  AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)  Amendment to 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 Con into this Contract and are legally binding: (Check C ServicesCommonwealth IT Terms and Conditions	tractor Certifications and the fol DNE option):Commonwealth T	lowing Commonwealth Terms and Conditions document erms 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	ions or other non-appropriated fund a details of all rates, units, calculation	norized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms are this contract (or <i>new</i> total if Contract is being amended). \$_	r <u>815 CMR 9.00</u> . re being amended.)		
a PPD as follows: Payment issued within 10 days% PPD. If PPD percentages are left blank, identify (subsequent payments scheduled to support standard	_% PPD; Payment issued within 15 reason: _X_agree to standard 45 EFT 45 day payment cycle. See F	n EFT 45 days from invoice receipt. Contractors requesting at 5 days % PPD; Payment issued within 20 days % PP day cycle statutory/legal or Ready Payments (M.G.L. c. Prompt Pay Discounts Policy.)	D; Payment issued within 30 days 29, § 23A); only initial payment		
Commonwealth authorized through the annual GAA a MGL provide social and support services to older adult census data, at a current rate of \$12 per person. This	nd other sources. The activity perfolls, their families and caregivers. The contract will cover any rate adjustred. All approved obligations incurred	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 Coprior 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 COA will complete an annual fiscal		
ANTICIPATED START DATE: (Complete ONE option	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	ations have been incurred <u>prior</u> to the Effective Date.	D-1-		
X 3. were incurred as of July 1, 2021, a date are authorized to be made either as settlement p	e 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 sement payments, and that the details and circumstances of releases 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 a	CONTRACT END DATE: Contract performance shall terminate as of				
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-GONTRACTOR:  X:		te: <u>Z/23/22</u> . t 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</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.maccomptroller.org/forms">https://www.maccomptroller.org/forms</a>.
Forms are also posted at OSD Forms: <a href="https://www.mass.gov/lists/osd-forms">https://www.mass.gov/lists/osd-forms</a>.

roims are also posted at OSD roims. https://www.imas	s.gov/iists/osu-iorriis.			
CONTRACTOR LEGAL NAME: TOWN OF BOXBOROUGH (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 29 MIDDLE RD, BOXBOROUGH, MA 01719-1430		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: KIM DEE	Phone: 978-264-1700	Billing Address (if different):		
E-Mail: kdee@boxborough-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191728		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	СТ	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check or	ne option only)	Enter Current Contract End Date Prior to Amendment:	, 20 <u>.</u>	
Statewide Contract (OSD or an OSD-designated	Department)	Enter Amendment Amount: \$ (or "no change"	Maria and the second of the se	
Collective Purchase (Attach OSD approval, scope Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach de		
Notice or RFR, and Response or other procurement		Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for emer		Contract Employee (Attach any updates to scope or b		
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authorizi		Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justif		scope and budget)		
The Standard Contract Form Instructions and Con into this Contract and are legally binding: (Check (Services Commonwealth IT Terms and Conditions	ONE option): Commonwealth Te	lowing Commonwealth Terms and Conditions document erms and Conditions _X_ Commonwealth Terms and Conditions	are incorporated by reference ions For Human and Social	
		norized performance accepted in accordance with the terms		
		ds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms a		
■ PSPRING		this contract (or <i>new</i> total if Contract is being amended). \$	e being amended.)	
		n EFT 45 days from invoice receipt. Contractors requesting a	ccelerated payments must identify	
a PPD as follows: Payment issued within 10 days _	_% PPD; Payment issued within 15	6 days % PPD; Payment issued within 20 days % PP	D; Payment issued within 30 days	
		day cycle statutory/legal or Ready Payments (M.G.L. c.	29, § 23A); only initial payment	
(subsequent payments scheduled to support standard	and the second s	rrompt Pay Discounts Policy.) ENT: This 10-year contract will cover grant funds to municipa	al Councils on Aging (COA) of the	
Commonwealth authorized through the annual GAA a	and other sources. The activity perfo	ormance period for year one of this contract is 7/1/2021-6/30	/2022. The COAs established by	
		ne annual award is determined by the number of elders per r		
		nent or increase during the 10-year period. Each municipal ( prior to the latest signature date are intended to be part of th		
the prior obligation for year one is funded in the FY22			e agreement and alle amount of	
		actor certify for this Contract, or Contract Amendment, that C	Contract obligations:	
1. may be incurred as of the Effective Date (latest				
		v and <u>no</u> obligations have been incurred <u>prior</u> to the Effective Date.  by, and the parties agree that payments for any obligations incurred prior to the Effective Date		
		sement payments, and that the details and circumstances of all obligations under this Contract		
		releases the Commonwealth from further claims related to the		
CONTRACT END DATE: Contract performance sha	all terminate as ofJune 30_, 20	32 , with no new obligations being incurred after this da	ate unless the Contract is properly	
		obligations shall survive its termination for the purpose of ormance, reporting, invoicing or final payments, or during an		
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	ror:	AUTHORIZING SIGNATURE FOR THE COMMONWEA	ALTH:	
X:		X: Da (Signature and Date Must Be Captured A	ite: 3/9/22.	
		Print Title: DW(14) D 14 WW.	Marine Marine	
	-		and . inta . anta . Al	



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 Contractor Certifications, 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.nov/lists/osd-forms">https://www.macs.nov/lists/osd-forms</a>.

Forms are also posted at OSD Forms: https://www.mass.gov/lists/osd-forms.				
CONTRACTOR LEGAL NAME: TOWN OF BOXFORD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 28 MIDDLETON RD, BOXFORD, MA 01921-2336		Business Mailing Address: 1 Ashburton Pl, Boston N	MA 02108	
Contract Manager: PAM BLAQUIERE Phone: 978-887-3591		Billing Address (if different):		
E-Mail: pblaquiere@town.boxford.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191730		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 CONTRA	CT	CONTRACT AMEND		
PROCUREMENT OR EXCEPTION TYPE: (Check on		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		AMENDMENT TYPE: (Check one option only. Attach d		
Department Procurement (includes all Grants - 8 Notice or RFR, and Response or other procurement		Amendment to Date, Scope or Budget (Attach update		
Emergency Contract (Attach justification for emer	gency, scope, budget)	Interim Contract (Attach justification for Interim Contract Contract Employee (Attach any updates to scope or be		
Contract Employee (Attach Employment Status Fi _X_ Other Procurement Exception (Attach authorizing		Other Procurement Exception (Attach authorizing lar		
specific exemption or earmark, and exception justifi		scope and budget)		
The Standard Contract Form Instructions and Con into this Contract and are legally binding: (Check Carrices Commonwealth IT Terms and Conditions	ONE option):Commonwealth To	lowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi	t are incorporated by reference tions For Human and Social	
in the state accounting system by sufficient appropriat  X Rate Contract. (No Maximum Obligation) Attach	ions or other non-appropriated fund details of all rates, units, calculation	norized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms at this contract (or <i>new</i> total if Contract is being amended). \$_	r 815 CMR 9.00.	
		n EFT 45 days from invoice receipt. Contractors requesting a 5 days % PPD; Payment issued within 20 days % PF		
% 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		rompt Pay Discounts Policy.)  ENT: This 10-year contract will cover grant funds to municip.	al Councils on Aging (COA) of the	
		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		
		nent or increase during the 10-year period. Each municipal oprior to the latest signature date are intended to be part of th		
the prior obligation for year one is funded in the FY22			•	
		actor certify for this Contract, or Contract Amendment, that C	Contract obligations:	
1. may be incurred as of the Effective Date (latest s			o Doto	
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective, and the parties agree that payments for any obligations in		
are authorized to be made either as settlement p	ayments or as authorized reimburs	ement payments, and that the details and circumstances of	all obligations under this Contract	
		releases the Commonwealth from further claims related to the	AND THE RESERVE THE PROPERTY OF THE PROPERTY O	
amended, provided that the terms of this Contract ar	nd performance expectations and	32 , with no new obligations being incurred after this d obligations shall survive its termination for the purpose of ormance, 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 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 COMMONWEALTH:				
Mr. ville	2/2/22	11.1	alalan	
X: (Signature and Date Must Be Captured A	At Time of Signature)	X:		
Print Name: MATT COOGAN		Print Name: Hower Bertmans	<u> </u>	
Print Title: Town ADMWISTMATON		Print Title: Division It (Intracts and)	Marin	



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: <a href="https://www.macomptroller.org/forms.">https://www.macomptroller.org/forms.</a>
Forms are also nosted at OSD Forms: <a href="https://www.macomptroller.org/forms.">https://www.macomptroller.org/forms.</a>

Forms are also posted at OSD Forms: https://www.mass.gov/lists/osd-forms.			
CONTRACTOR LEGAL NAME: TOWN OF BOYLSTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 221 MAIN ST, BOYLSTON, MA 01505-2037		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: LAURA SUSANIN	Phone: 508-869-6022	Billing Address (if different):	
E-Mail: coa@boylston-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191731		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 0208220000000000000	
(Note: The Address ID must be set up for EFT paym	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8E	3
_X_ NEW CONTRA	СТ	CONTRACT AMENDA	/ENT
PROCUREMENT OR EXCEPTION TYPE: (Check on	Part server	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, scope Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach deAmendment to Date, Scope or Budget (Attach update	
Notice or RFR, and Response or other procurement	ent supporting documentation)	Interim Contract (Attach justification for Interim Contract	
Emergency Contract (Attach justification for emer		Contract Employee (Attach any updates to scope or bu	
Contract Employee (Attach Employment Status F X Other Procurement Exception (Attach authorizi	ng language, legislation with	Other Procurement Exception (Attach authorizing language)	
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 Services Commonwealth IT Terms and Conditions	ONE option):Commonwealth Te	owing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Condit	are incorporated by reference ions For Human and Social
COMPENSATION: (Check ONE option): The Departm	nent certifies that payments for auth	norized performance accepted in accordance with the terms	of this Contract will be supported
in the state accounting system by sufficient appropriat	tions or other non-appropriated fund	is, subject to intercept for Commonwealth owed debts under	r <u>815 CMR 9.00</u> .
		ons, conditions or terms and any changes if rates or terms are this contract (or <b>new</b> total if Contract is being amended). \$ _	e being amended.)
		n EFT 45 days from invoice receipt. Contractors requesting a	ecolorated 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 % PP	D; 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	NCE or REASON FOR AMENDME	NT: This 10-year contract will cover grant funds to municipa	al Councils on Aging (COA) of the
Commonwealth authorized through the annual GAA a	and other sources. The activity perfo	ormance 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 adu	Its, their families and caregivers. The	ne annual award is determined by the number of elders per r nent or increase during the 10-year period. Each municipal C	nunicipality as per the most recent COA will complete an annual fiscal
report describing how these grant funds were applied	<ul> <li>All approved obligations incurred p</li> </ul>	orior to the latest signature date are intended to be part of thi	is 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.	Seelessk abligations:
1. may be incurred as of the Effective Date (latest		actor certify for this Contract, or Contract Amendment, that C	ontract obligations.
2 may be incurred as of	TER 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 date	e PRIOR to the Effective Date below	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	payments or as authorized reimburs	ement payments, and that the details and circumstances of	all obligations under this Contract
		releases the Commonwealth from further claims related to the 32, with no new obligations being incurred after this day	
amended, provided that the terms of this Contract a	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 a	llow any close out or transition perf	ormance, reporting, invoicing or final payments, or during an	y 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			ned above, subject to any required e Contractor makes all certifications
required under the Standard Contract Form Instructions and Contractor Certifications under		der the pains and penalties of perjury, and further agrees to p	provide any required documentation
upon request to support compliance, and agrees that all terms governing performance of		f this Contract and doing business in Massachusetts are atta	ached or incorporated by reference
herein according to the following hierarchy of document precedence, the applicable Con Instructions and Contractor Certifications, the Request for Response (RFR) or other so		solicitation, the Contractor's Response (excluding any language)	uage 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	d 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	ror:	AUTHORIZING SIGNATURE FOR THE COMMONWE	ALTH:
		x: M2 m	nte: 9/9/22.
X: (Signature and Date Must Be Captured	At Time of Signature)	(Signature and Date Must Be Captured A	t Time of Signature)
Anni 1 Latitle inst		Daine Manney When you 140. House A	



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.gov/lists/oscl-forms">https://www.macs.gov/lists/oscl-forms</a>.

Forms are also posted at OSD Forms: https://www.mass	s.gov/lists/osd-torms.		
CONTRACTOR LEGAL NAME: TOWN OF BRAINTREE		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
(and d/b/a):		MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 2 JOHN F KENNEDY MEMORIAL DR, BRAINTREE, MA 02184-6425		Business Mailing Address: 1 Ashburton Pl, Boston MA 02108	
Contract Manager: SHARMILA BISWAS	Phone: 781-848-1963	Billing Address (if different):	
E-Mail: sbiswas@braintreema.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191733		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	СТ	CONTRACT AMEND	
PROCUREMENT OR EXCEPTION TYPE: (Check on	e option only)	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 Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach do 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	
Emergency Contract (Attach justification for emer Contract Employee (Attach Employment Status F		Contract Employee (Attach any updates to scope or b	udget)
X Other Procurement Exception (Attach authorizi		Other Procurement Exception (Attach authorizing lan	guage/justification and updated
specific exemption or earmark, and exception justif		scope and budget)	
The Standard Contract Form Instructions and Con into this Contract and are legally binding: (Check Contracts Commonwealth IT Terms and Conditions	ONE option): Commonwealth T	lowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Conditions	are incorporated by reference ions For Human and Social
COMPENSATION: (Check ONE option): The Departm	nent 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 appropriate	ions or other non-appropriated fun	ds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms a	r <u>815 CMR 9.00</u> .
		this contract (or <b>new</b> total if Contract is being amended). \$	e being amended.)
		h EFT 45 days from invoice receipt. Contractors requesting <b>a</b>	conterated payments must identify
a PPD as follows: Payment issued within 10 days _	% PPD; Payment issued within 1	5 days % PPD; Payment issued within 20 days % PP	D; 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		ENT: This 10-year contract will cover grant funds to municipa	al Councils on Aging (COA) of the
Commonwealth authorized through the annual GAA a	and other sources. The activity perf	ormance period for year one of this contract is 7/1/2021-6/30	1/2022. The COAs established by
MGL provide social and support services to older adu	Its, their families and caregivers. T	he annual award is determined by the number of elders per nent or increase during the 10-year period. Each municipal C	nunicipality 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 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.	
		ractor certify for this Contract, or Contract Amendment, that C	Contract obligations:
		pations have been incurred <u>prior</u> to the Effective Date. v 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 date	e PRIOR to the Effective Date below	ow, 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	payments or as authorized reimburg	sement payments, and that the details and circumstances of	all obligations under this Contract
		releases the Commonwealth from further claims related to the	
CONTRACT END DATE: Contract performance sha	all terminate as of <u>June 30</u> , 20	0.32, with no new obligations being incurred after this d obligations shall survive its termination for the purpose of	ate unless the Contract is properly
completing any negotiated terms and warranties, to a	illow any close out or transition per	formance, reporting, invoicing or final payments, or during ar	y lapse between amendments.
CERTIFICATIONS: Notwithstanding verbal or other	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 significant control of the control o	gnatory of the Contractor, the Dep	artment, or a later Contract or Amendment Start Date speci	fied above, subject to any required
approvals. The Contractor certifies that they have acc	cessed and reviewed all documents	incorporated by reference as electronically published and the	e Contractor makes all certifications
required under the Standard Contract Form Instructions and Contractor Certifications und upon request to support compliance, and agrees that all terms governing performance of		of this Contract and doing business in Massachusetts are att	ached or incorporated by reference
herein according to the following hierarchy of document precedence, the applicable Co		mmonwealth Terms and Conditions, this Standard Contract	Form, the Standard Contract Form
Instructions and Contractor Certifications, the Request for Response (RFR) or other unacceptable, and additional negotiated terms, provided that additional negotiated terms.		solicitation, the Contractor's Response (excluding any lang s will take precedence over the relevant terms in the RFR an	d the Contractor's Response only if
made using the process outlined in 801 CMR 21.07,	incorporated herein, provided that	any amended RFR or Response terms result in best value, le	ower costs, or a more cost effective
Contract.			
AUTHORIZING SIGNATURE FOR THE CONTRACT	TOR:	AUTHORIZING SIGNATURE FOR THE COMMONWE.	
X: Signature and Date Must Be Captured	Date:	X:	t Time of Signature)
(Signature and Date Must Be Captured	At time of Signature)	Drint Names INA SCANA GAILMANA	
Print Name: Charles C. KOKOTO .  Print Title: Mayor .		Print Title: Draller of lon waits and	Hidvaltury N
Time ride.		The state of the s	



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 <a href="Standard Contract Form Instructions">Standard Contract Form Instructions</a>
and Contractor Certifications, the <a href="Commonwealth Terms and Conditions for Human and Social Services">Commonwealth IT Terms and Conditions</a> 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.macomptroller.org/forms">https://www.macomptroller.org/forms</a>.

Forms are also posted at OSD Forms: <a href="https://www.macomptroller.org/forms">https://www.macomptroller.org/forms</a>.

Forms are also posted at OSD Forms: https://www.mass	s.gov/iists/osa-forms,			
CONTRACTOR LEGAL NAME: TOWN OF BREWSTER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 2198 MAIN ST, BREWSTER, MA 02631-1852		Business Mailing Address; 1 Ashburton PI, Boston MA 02108		
Contract Manager: DENISE REGO	Phone: 508-896-2737	Billing Address (if different):		
E-Mail: drego@town.brewster.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191734		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.	У.	MMARS Doc ID(s): 020822000000000000006		
(Note: The Address ID must be set up for EFT paym	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	B 3 8	
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 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)		CONTRACT AMENDMENT  Enter Current Contract End Date Prior to Amendment:, 20  Enter Amendment Amount: \$ (or "no change")  AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)  Amendment to 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)  llowing Commonwealth Terms and Conditions document are incorporated by reference		
Services Commonwealth IT Terms and Conditions  COMPENSATION: (Check ONE option): The Departn in the state accounting system by sufficient appropriat X Rate Contract. (No Maximum Obligation) Attach	into this Contract and are legally binding: (Check ONE option):Commonwealth Terms and Conditions _ X _ Commonwealth Terms and Conditions For Human and Social			
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 cyclestautory/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 fiscar 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 signature date below) and no obligations have been incurred prior to the Effective Date. 2. may be incurred as of, 20, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date.   X				
amended, provided that the terms of this Contract a	nd performance expectations and	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 an example.	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 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 COMMONWEALTH:				
X:				

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.macomptroller.org/forms">https://www.macomptroller.org/forms</a>.
Forms are also nosted at OSD Forms: <a href="https://www.macomptroller.org/forms">https://www.macomptroller.org/forms</a>.

Forms are also posted at OSD Forms: https://www.mas	s.gov/lists/osd-forms.		11-11
CONTRACTOR LEGAL NAME: TOWN OF BRIDGEWATER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 64 CENTRAL SQ, BRIDGEWATER, MA 02324-2550		Business Mailing Address: 1 Ashburton PI, Bosto	on MA 02108
Contract Manager: EMILY WILLIAMS Phone: 508-697-0929		Billing Address (if different):	
E-Mail: ewilliams@bridgewaterma.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191735		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. 8B
X NEW CONTRA	СТ	CONTRACT AME	NDMENT
PROCUREMENT OR EXCEPTION TYPE: (Check or	eest/	Enter Current Contract End Date <u>Prior</u> to Amendment	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no char	
Collective Purchase (Attach OSD approval, scope Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attac	
Notice or RFR, and Response or other procureme		Amendment to Date, Scope or Budget (Attach up Interim Contract (Attach justification for Interim Co	
Emergency Contract (Attach justification for emer Contract Employee (Attach Employment Status F		_ Contract Employee (Attach any updates to scope	
X Other Procurement Exception (Attach authorizi		Other Procurement Exception (Attach authorizing	N. S. (1971)
specific exemption or earmark, and exception justif		scope and budget)	
	ONE option): Commonwealth T	llowing Commonwealth Terms and Conditions docun erms and Conditions X Commonwealth Terms and Co	
in the state accounting system by sufficient appropriat X Rate Contract. (No Maximum Obligation) Attach	ions or other non-appropriated fund details of all rates, units, calculation	horized performance accepted in accordance with the te ds, subject to intercept for Commonwealth owed debts u ons, conditions or terms and any changes if rates or term this contract (or <b>new</b> total if Contract is being amended).	nder <u>815 CMR 9.00</u> . ns are being amended.)
a PPD as follows: Payment issued within 10 days	% PPD; Payment issued within 15 reason: X agree to standard 45	h EFT 45 days from invoice receipt. Contractors requestir 5 days % PPD; Payment issued within 20 days % day cycle statutory/legal or Ready Payments ( <u>M.G.L</u> Prompt Pay Discounts Policy.)	PPD; Payment issued within 30 days
(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 recen 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.			
	5/0	actor certify for this Contract, or Contract Amendment, the	at Contract obligations:
1. may be incurred as of the Effective Date (latest s			ellina Data
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effe w, and the parties agree that payments for any obligation	
		ement payments, and that the details and circumstances	
		releases the Commonwealth from further claims related t	
amended, provided that the terms of this Contract ar	nd performance expectations and	32 , with no new obligations being incurred after thi obligations shall survive its termination for the purpose ormance, reporting, invoicing or final payments, or during	of resolving any claim or dispute, for
Amendment has been executed by an authorized sign approvals. The Contractor certifies that they have according the Standard Contract Form Instruction upon request to support compliance, and agrees that herein according to the following hierarchy of docume Instructions and Contractor Certifications, the Requeunacceptable, and additional negotiated terms, provide	natory of the Contractor, the Depa essed and reviewed all documents is and Contractor Certifications und all terms governing performance of int precedence, the applicable Con st for Response (RFR) or other s ed that additional negotiated terms incorporated herein, provided that a	(Signature and Date Must Be Capture	decified above, subject to any required the Contractor makes all certifications to provide any required documentation attached or incorporated by reference act Form, the Standard Contract Form anguage stricken by a Department as and the Contractor's Response only if e, lower costs, or a more cost effective
Print Name: MICHAEL DUTTON.  Print Title: Town MANA GER.		Print Name: Amen Beltman Print Title: Divitor of Contracts	m Helova Hay

33



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</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.mass.gov/lists/osd-forms">https://www.mass.gov/lists/osd-forms</a>. Forms are also posted at OSD Forms: https://www.mass.gov/lists/osd-forms.

also posted at OSD Forms: <a ad001"):="" ad<u="" href="https://www.mass.gov/lists/commons.gov/lists/comm&lt;/th&gt;&lt;th&gt;&lt;/th&gt;&lt;th&gt;illed to access published forms at CTA Forms. https://www.n&lt;/th&gt;&lt;th&gt;lacompitolier.org/lornis. Forms are&lt;/th&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td colspan=2&gt;CONTRACTOR LEGAL NAME: TOWN OF BRIMFIELD (and d/b/a):&lt;/td&gt;&lt;td colspan=2&gt;COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td colspan=2&gt;Legal Address: (W-9, W-4): 21 MAIN ST, BRIMFIELD, MA 01010-9744&lt;/td&gt;&lt;td&gt;Business Mailing Address: 1 Ashburton PI, Boston Ma&lt;/td&gt;&lt;td&gt;Δ 02108&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;Contract Manager: EVA PITTSINGER&lt;/td&gt;&lt;td&gt;Phone: 413-245-7253&lt;/td&gt;&lt;td&gt;Billing Address (if different):&lt;/td&gt;&lt;td&gt;102100&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;E-Mail: coa-director@brimfieldma.org&lt;/td&gt;&lt;td&gt;Fax:&lt;/td&gt;&lt;td&gt;Contract Manager: Stacey Anne O'Connell&lt;/td&gt;&lt;td&gt;Phone: 617-222-7419&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;ACTION OF THE PROPERTY OF THE&lt;/td&gt;&lt;td&gt;гах.&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;Contractor Vendor Code: VC6000191736&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;E-Mail: Stacey.oconnell@mass.gov&lt;/td&gt;&lt;td&gt;Fax: 617-727-9368&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;Vendor Code Address ID (e.g. ">001. (Note: The Address ID must be set up for EFT paym<td>onte \</td><td>MMARS Doc ID(s): 0208220000000000000</td><td></td></a>	onte \	MMARS Doc ID(s): 0208220000000000000		
		RFR/Procurement or Other ID Number: MGL c. 40 s. 8E		
X NEW CONTRAC		CONTRACT AMENDA		
PROCUREMENT OR EXCEPTION TYPE: (Check on	A DECEMBER AND STATE OF STATE	Enter Current Contract End Date <u>Prior</u> to Amendment:		
Statewide Contract (OSD or an OSD-designated I Collective Purchase (Attach OSD approval, scope		Enter Amendment Amount: \$ (or "no change")  AMENDMENT TYPE: (Check one option only. Attach de	5	
Department Procurement (includes all Grants - 81	5 CMR 2.00) (Solicitation	Amendment to Date, Scope or Budget (Attach update		
Notice or RFR, and Response or other procureme	nt supporting documentation)	Interim Contract (Attach justification for Interim Contract	Deliver to the Control of the Control of Con	
Emergency Contract (Attach justification for emen Contract Employee (Attach Employment Status For Employee)		Contract Employee (Attach any updates to scope or bu	and the stand of the standard and the standard s	
X Other Procurement Exception (Attach authorizing	ng language, legislation with	Other Procurement Exception (Attach authorizing lang	guage/justification and updated	
specific exemption or earmark, and exception justifi	The second second second second second	scope and budget)		
The Standard Contract Form Instructions and Continto this Contract and are legally binding: (Check Carrices Commonwealth IT Terms and Conditions	ractor Certifications and the foll NE option): Commonwealth Te	owing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Conditi	are incorporated by reference ons For Human and Social	
in the state accounting system by sufficient appropriati	ions or other non-appropriated fund	norized performance accepted in accordance with the terms of is, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms an	815 CMR 9.00.	
Maximum Obligation Contract. Enter total maxin	num obligation for total duration of t	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			554	
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 reimburse	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective v, and the parties agree that payments for any obligations inc 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	CONTRACT END DATE: Contract performance shall terminate as of			
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 i 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:			ed above, subject to any required Contractor makes all certifications rovide any required documentation inched or incorporated by reference form, the Standard Contract Form lage stricken by a Department as the Contractor's Response only if wer costs, or a more cost effective	
X: (Signature and Sala Mint De State and	Date: 1/3/2022	X: Date Must Be Continued At	te:5/19/102.	
(Signature and Date Must Be Captured A	it time or Signature)	(Signature and Date Must Be Captured At Time of Signature)  Print Name:     Print Name:		
Print Title: Conne Control Dimeter		Print Title: Division of Survey & Am	A Willyn Horas	



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 Standard Contract Form Instructions
and Contractor Certifications, the Commonwealth Terms and Conditions for Human and Social Services or the Commonwealth IT Terms and Conditions 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/list/osd-forms.

Forms are also posted at OSD Forms: https://www.mass	3. <u>quv/iists/080-1011118</u> ,		
CONTRACTOR LEGAL NAME: CITY OF BROCKTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 45 SCHOOL ST, BROCKTON, MA 02301-4049		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: JANICE FITZGERALD	Phone: 508-580-7811	Billing Address (if different):	SM(1000)
E-Mail: jfitzgerald@cobma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000192078		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 0208220000000000000	A
(Note: The Address ID must be set up for EFT paym		RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В
X NEW CONTRA	CT	CONTRACT AMENDMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check or	and a second	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20,	
Statewide Contract (OSD or an OSD-designated	8	Enter Amendment Amount: \$ (or "no change")	
Collective Purchase (Atlach 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 procurement		Amendment to Date, Scope or Budget (Attach updated scope and budget)	
Emergency Contract (Atlach justification for emer	rgency, scope, budget)	Interim Contract (Altach justification for Interim Contract and updated scope/budget)	
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authorizi		Contract Employee (Attach any updates to scope or be Other Procurement Exception (Attach authorizing language).	
specific exemption or earmark, and exception justif		Other Procurement Exception (Altach authorizing language/justification and updated scope and budget)	
The Standard Contract Form Instructions and Con	ntractor Certifications and the fol	lowing Commonwealth Terms and Conditions documen	
	ONE option):Commonwealth To	erms and Conditions X Commonwealth Terms and Condi	
COMPENSATION: (Check ONE option): The Department	nent 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 appropriat  Y Rate Contract, (No Maximum Obligation), Attack	lions or other non-appropriated tund b details of all rates, units, calculati	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,
		this contract (or new total if Contract is being amended). \$	te neural amortace.
The same of the sa		h EFT 45 days from invoice receipt. Contractors requesting a	accelerated novments must identify
		5 days % PPD; Payment issued within 20 days % PF	
% PPD. If PPD percentages are left blank, identify	y reason: X agree to standard 45	day cycle statutory/legal or Ready Payments (M.G.L. c.	
(subsequent payments scheduled to support standard			-1 0
		ENT: This 10-year contract will cover grant funds to municlo ormance period for year one of this contract is 7/1/2021-6/30	
MGL provide social and support services to older adu	ills, their families and caregivers. Th	he 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 municipal of	
the prior obligation for year one is funded in the FY22		prior to the latest signature date are intended to be part of the signed contract is 6/30/22. MA #1.	ns agreement and me amount of
		ractor certify for this Contract, or Contract Amendment, that	Contract obligations;
1. may be incurred as of the Effective Date (latest	signature date below) and no oblig	pations have been incurred prior to the Effective Date.	Committee of the Commit
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	
X 3, were incurred as of July 1, 20 21, a date	e PRIOR to the Effective Date below	w, and the parties agree that payments for any obligations in	ncurred prior to the Effective Date
		sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the	
127/17/15/15	TWO I PARTY AND ADDRESS OF THE PARTY ADDRESS OF THE PARTY AND ADDRESS O	POPER TRANSPORT TO THE PROPERTY OF THE POPER TO THE POPER	
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 a	llow any close out or transition perf	formance, reporting, invoicing or final payments, or during ar	ny lapse between amendments.
		e "Effective Date" of this Contract or Amendment shall be	
Amendment has been executed by an authorized sign	inatory of the Contractor, the Department	artment, or a later Contract or Amendment Start Date speci	fied above, subject to any required
required under the Standard Contract Form Instruction	ressed and reviewed all documents	incorporated by reference as electronically published and the	e Contractor makes all certilications provide any regulred documentation
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'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	IOR: Zhila	AUTHORIZING SIGNATURE FOR THE COMMONWE	
X: My de	Date: 2/1/00	X: // / / D	ate: 4/12/22.
(Signature and Date Must Be Captured At Time of Signature) (Signature and Date Must Be Captured At Time of Signature)		t Time of Signature)	
MANAGEMENT OF THE PARTY OF THE	11.5.	Print Name: Print Name:	- 1 11 Afree
Print Name: Want (print little: Print Title: Diversor) According to the control of the control o			



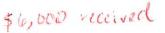
This form is jointly issued and published by the Office of the Comptroller (CTR), the Executive Office for Administration and Finance (ANF), and the Operational Services
Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. 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 Standard Contract Form Instructions
and Contractor Certifications, the Commonwealth Terms and Conditions for Human and Social Services or the Commonwealth IT Terms and Conditions 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.macomptroller.org/forms.">https://www.macomptroller.org/forms.</a>
Forms are also posted at OSD Forms: <a href="https://www.macomptroller.org/forms.">https://www.macomptroller.org/forms.</a>

Tomic die dee peeted at CCD   emiet hapenminate			
CONTRACTOR LEGAL NAME: TOWN OF BROOKFIELD		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
(and d/b/a): Legal Address: (W-9, W-4): PO BOX 334, BROOKFIELD, MA 01506-0334		MMARS Department Code: ELD  Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: BARBARA CLANCY	Phone: 508-867-6043	Billing Address (if different):	
E-Mail: agatha6dot@gmail.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
	rax.	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Contractor Vendor Code: VC6000191737			Fax. 017-121-9300
Vendor Code Address ID (e.g. "AD001"): AD 001.  (Note: The Address ID must be set up for EFT paym	nonte \	MMARS Doc ID(s): 02082200000000000000	
		RFR/Procurement or Other ID Number: MGL c. 40 s. 88	
X NEW CONTRA		CONTRACT AMENDMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check or		Enter Current Contract End Date <u>Prior</u> to Amendment:, 20	
Statewide Contract (OSD or an OSD-designated Collective Purchase (Attach OSD approval, scope	Control of the Contro	Enter Amendment Amount: \$ (or "no change")  AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)	
Department Procurement (includes all Grants - 8		Amendment to Date, Scope or Budget (Attach updated scope and budget)	
Notice or RFR, and Response or other procureme	ent supporting documentation)	Interim Contract (Attach justification for Interim Contra	
Emergency Contract (Attach justification for emer Contract Employee (Attach Employment Status F		Contract Employee (Attach any updates to scope or budget)	
X Other Procurement Exception (Attach authorizi		Other Procurement Exception (Attach authorizing land	guage/justification and updated
specific exemption or earmark, and exception justif		scope and budget)	
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   T Terms and Conditions			
COMPENSATION: (Check ONE option): The Departm	nent 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 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). \$		
			e calesate d novemente must identify
a PPD as follows: Payment issued within 10 days	% PPD: Payment issued within 1	h EFT 45 days from invoice receipt. Contractors requesting <b>a</b> o 5 days % PPD; Payment issued within 20 days % PP	D; 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			10il A-i (00A) -fil-
		ENT: This 10-year contract will cover grant funds to municipa ormance period for year one of this contract is 7/1/2021-6/30.	
MGL provide social and support services to older adu	Its, their families and caregivers. The	he annual award is determined by the number of elders per n	nunicipality as per the most recent
census data, at a current rate of \$12 per person. This	contract will cover any rate adjustr	nent or increase during the 10-year period. Each municipal C	OA will complete an annual fiscal
the prior obligation for year one is funded in the FY22		prior to the latest signature date are intended to be part of this signed contract is 6/30/22. MA #1.	s agreement and the amount of
		actor certify for this Contract, or Contract Amendment, that C	ontract obligations:
		ations have been incurred prior to the Effective Date.	<sup>704</sup>
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	
X 3. were incurred as of July 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			curred prior to the Effective Date
are attached and incorporated into this Contract.	Acceptance of payments forever	releases the Commonwealth from further claims related to the	ese 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 a	low any close out or transition perf	formance, reporting, invoicing or final payments, or during an	y 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	OR:	AUTHORIZING SIGNATURE FOR THE COMMONWEA	ALTH:
		4 1/1	- 1 - 1
X:		X:	
Print Name: Kell, A. Robbins	or orgraturoj	Print Name: Awin Billman	
Print Title: Jour administrator. Print Title: Director It Contracts and According			and Accorating



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</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.maccomptroller.org/forms">https://www.maccomptroller.org/forms</a>.
Forms are also posted at OSD Forms: <a href="https://www.maccomptroller.org/forms">https://www.maccomptroller.org/forms</a>.

Forms are also posted at OSD Forms: https://www.mas	s.gov/lists/osd-forms.		
CONTRACTOR LEGAL NAME: TOWN OF BROOKLINE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 333 WASHINGTON ST, BROOKLINE, MA 02445-6853		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: RUTHANN DOBEK	Phone: 617-730-2756	Billing Address (if different):	
E-Mail: rdobek@brooklinema.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191738		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.	. 8B
_X_ NEW CONTRA	ст	CONTRACT AMENDMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check one option only)		Enter Current Contract End Date Prior to Amendment:, 20	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change")	
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - 8		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 upd Interim Contract (Attach justification for Interim Con	
Emergency Contract (Attach justification for emer Contract Employee (Attach Employment Status F		Contract Employee (Attach any updates to scope or	
X Other Procurement Exception (Attach authorizi		Other Procurement Exception (Attach authorizing I	
specific exemption or earmark, and exception justil		scope and budget)	
The Standard Contract Form Instructions and Con into this Contract and are legally binding: (Check Carrices Commonwealth IT Terms and Conditions	ONE option):Commonwealth T	Ilowing Commonwealth Terms and Conditions docume ferms and Conditions X Commonwealth Terms and Con	ent are incorporated by reference ditions For Human and Social
in the state accounting system by sufficient appropriat  X Rate Contract. (No Maximum Obligation) Attach	tions or other non-appropriated fun h details of all rates, units, calculati	horized performance accepted in accordance with the term ds, subject to intercept for Commonwealth owed debts und ons, conditions or terms and any changes if rates or terms this contract (or <i>new</i> total if Contract is being amended). \$	der <u>815 CMR 9.00</u> . are being amended.)
		h EFT 45 days from invoice receipt. Contractors requesting	
a PPD as follows: Payment issued within 10 days	_% PPD; Payment issued within 15	5 days % PPD; Payment issued within 20 days % F	PPD; Payment issued within 30 days
% PPD. If PPD percentages are left blank, identify	y 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			inal Councils on Aging (COA) of the
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 adule census data, at a current rate of \$12 per person. This	Its, their families and caregivers. The contract will cover any rate adjusts	he annual award is determined by the number of elders pe ment or increase during the 10-year period. Each municipa	r municipality as per the most recent
report describing how these grant funds were applied.	<ul> <li>All approved obligations incurred  </li> </ul>	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			
		actor certify for this Contract, or Contract Amendment, that ations have been incurred <u>prior</u> to the Effective Date.	Contract obligations:
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effect	ive Date.
X 3. were incurred as of July 1, 20 21, a date	e PRIOR to the Effective Date below	w, and the parties agree that payments for any obligations	incurred prior to the Effective Date
are authorized to be made either as settlement p	ayments or as authorized reimburs	sement payments, and that the details and circumstances or releases the Commonwealth from further claims related to	of all obligations under this Contract
		32 , with no new obligations being incurred after this	
amended, provided that the terms of this Contract a	nd performance expectations and	obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during a	of 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 CONTRACT	Date: 2/23/2.)- At Time of Signature)	(Signature and Date Must Be Captured Print Name:	Date: <u>3/9/22</u> . At 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</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.macomptroller.org/forms">https://www.macomptroller.org/forms</a>.
Forms are also posted at OSD Forms: https://www.mass.gov/lists/osd-forms.

CONTRACTOR LEGAL NAME: TOWN OF BUCKLAND		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
(and d/b/a):		MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 17 STATE ST, SHELBURNE FALLS, MA 01370-1011		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: AMANDA JOAO	Phone: 413-625-2502	Billing Address (if different):	Phone: 617-222-7419
E-Mail: sfsrctr@crocker.com	Fax:	Contract Manager: Stacey Anne O'Connell	
Contractor Vendor Code: VC6000191739		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 020822000000000000006	
(Note: The Address ID must be set up for EFT paym	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8B	
X NEW CONTRA		CONTRACT AMENDMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check or	e option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change")  AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)	
Collective Purchase (Attach OSD approval, scope Department Procurement (includes all Grants - 8	15 CMR 2.00) (Solicitation	Amendment to Date, Scope or Budget (Attach updated scope and budget)	
Notice or RFR, and Response or other procureme	ent supporting documentation)	Interim Contract (Attach justification for Interim Contract and updated scope/budget)	
Emergency Contract (Attach justification for emer Contract Employee (Attach Employment Status F		Contract Employee (Attach any updates to scope or budget)	
X Other Procurement Exception (Attach authorizi	ng language, legislation with	Other Procurement Exception (Attach authorizing language/justification and updated	
specific exemption or earmark, and exception justil		scope and budget)	
The Standard Contract Form Instructions and Coninto this Contract and are legally binding: (Check Services Commonwealth IT Terms and Conditions	ONE option):Commonwealth T	lowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Conditi	are incorporated by reference ons For Human and Social
COMPENSATION: (Check ONE option): The Department of the state accounting system by sufficient appropria	nent certifies that payments for auti	norized performance accepted in accordance with the terms of the subject to intercept for Commonwealth owed debts under	of this Contract will be supported
X Rate Contract. (No Maximum Obligation) Attack	n details of all rates, units, calculation	ons, conditions or terms and any changes if rates or terms ar	e being amended.)
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): Commons	wealth payments are issued through	n EFT 45 days from invoice receipt. Contractors requesting ac	ccelerated 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 % PP	D; Payment issued within 30 days
% PPD. If PPD percentages are left blank, identify (subsequent payments scheduled to support standard	/ reason: <u>X</u> agree to standard 45 I EFT 45 day payment cycle. See F	day cyclestatutory/legal or Ready Payments (M.G.L. c. 2 Prompt Pay Discounts Policy.)	29, § 23A), Only Initial payment
BRIEF DESCRIPTION OF CONTRACT PERFORMA	NCE or REASON FOR AMENDM	ENT: This 10-year contract will cover grant funds to municipa	Councils on Aging (COA) of the
Commonwealth authorized through the annual GAA a	nd other sources. The activity perfe	ormance 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 adule census data, at a current rate of \$12 per person. This	contract will cover any rate adjustr	ne annual award is determined by the number of elders per n nent or increase during the 10-year period. Each municipal C	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 thi	s 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.	'entract obligations'
		actor certify for this Contract, or Contract Amendment, that C ations have been incurred prior to the Effective Date.	ontract obligations.
2 may be incurred as of 20 a date LA	TFR than the Effective Date below	and <b>no</b> obligations have been incurred <b>prior</b> to the Effective	Date.
2. may be incurred as of, 20, a date LATER than the Effective Date below and <u>no</u> obligations have been incurred <u>prio</u>		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	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 the	
CONTRACT END DATE: Contract performance sha	all terminate as of <u>June 30</u> , 20	<u>32</u> , with no new obligations being incurred after this da obligations shall survive its termination for the purpose of r	resolving any claim or dispute, for
completing any negotiated terms and warranties, to a	llow any close out or transition perf	formance, reporting, invoicing or final payments, or during any	y lapse between amendments.
CERTIFICATIONS: Notwithstanding verbal or other	representations by the parties, the	"Effective Date" of this Contract or Amendment shall be the	he latest date that this Contract or
Amendment has been executed by an authorized sign	natory of the Contractor, the Department	artment, or a later Contract or Amendment Start Date specif	ied 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			
berein 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 effect			wer costs, or a more cost effective
Contract.	04 H	₩	
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:		AUTHORIZING SIGNATURE FOR THE COMMONWEA	
X: Date: Date: Date: Jil 22.		X: Da (Signature and Date Must Be Captured Af	te: // UUIUU .
	At time of Signature)	Print Name: VENTAN DPIMAN	
Print Name: Heather Kother Print Title: Town Administration	<u>.</u>	Print Title: Divitor it Contralis and	Melovally ?
TO THE TOTAL TOTAL	•	1	



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</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.gov/lists/osd-forms">https://www.macs.gov/lists/osd-forms</a>.

Forms are also nosted at OSD Forms: <a href="https://www.macs.gov/lists/osd-forms">https://www.macs.gov/lists/osd-forms</a>.

Forms are also posted at OSD Forms; https://www.mas	s.gov/iists/osa-torms.			
CONTRACTOR LEGAL NAME: TOWN OF BURLINGTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 29 CENTER ST, BURLINGTON, MA 01803-3058		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: MARGERY R. YETMAN	Phone: 781-270-1953	Billing Address (if different):		
E-Mail: mmcdonald@burlington.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191741		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. 8B		
X NEW CONTRA	СТ	CONTRACT AMENDMENT		
PROCUREMENT OR EXCEPTION TYPE: (Check one option only)		Enter Current Contract End Date Prior to Amendment:, 20		
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change")		
Collective Purchase (Attach OSD approval, scope Department Procurement (includes all Grants - 8		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 emer Contract Employee (Attach Employment Status F		Contract Employee (Attach any updates to scope or bu		
X Other Procurement Exception (Attach authorizi		Other Procurement Exception (Attach authorizing lang		
specific exemption or earmark, and exception justif		scope and budget)	3 18 180	
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 Departm	nent certifies that payments for auti	horized performance accepted in accordance with the terms of	of this Contract will be supported	
in the state accounting system by sufficient appropriat  X Rate Contract (No Maximum Obligation) Attach	ions or other non-appropriated fund	ds, 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).			
		h EFT 45 days from invoice receipt. Contractors requesting ac	calerated 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 % PPI	D; 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. 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 a	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 adult census data, at a current rate of \$12 per person. This	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 recer 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 fisca		nunicipality as per the most recent	
report describing how these grant funds were applied.	. All approved obligations incurred p	prior to the latest signature date are intended to be part of this	s agreement and the amount of	
the prior obligation for year one is funded in the FY22				
1. may be incurred as of the Effective Date (latest s		actor certify for this Contract, or Contract Amendment, that Co	ontract obligations:	
		rand <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 p	ayments or as authorized reimburs	sement payments, and that the details and circumstances of a	all obligations under this Contract	
		releases the Commonwealth from further claims related to the		
amended, provided that the terms of this Contract ar	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 al	low any close out or transition perf	ormance, 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 CONTRACT	1 i	AUTHORIZING SIGNATURE FOR THE COMMONWEA	LTH:	
X: Saul F. Say. (Signature and Date Must Be Captured A	Date: 3/3/22	X: Dat	e:	
10.00		Time of Signature)		
Print Title: Town Arm List	Ann		- Accuse Man	
Print Title: Now Alm vistrator				