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.	actors are required to access published forms at CTK Politi	s. https://www.macomptioner.org/norms	
CONTRACTOR LEGAL NAME: CITY OF CAMBRIDGE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 795 MASSACHUSETTS AVE, CAMBRIDGE, MA 02139- 3201		Business Mailing Address: 1 Ashburton PI, Bosto	Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: SUSAN PACHECO	Phone: 617-349-6220	Billing Address (if different):		
E-Mail: spacheco@cambridgema.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192080		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000000	3	
(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 CONTRAC	CT	CONTRACT AME		
PROCUREMENT OR EXCEPTION TYPE: (Check on	e option only)	Enter Current Contract End Date Prior to Amendmen	nt: 20	
Statewide Contract (OSD or an OSD-designated [		Enter Amendment Amount: \$ (or "no char		
Collective Purchase (Attach OSD approval, scope Department Procurement (includes all Grants - 81	e, budget)	AMENDMENT TYPE: (Check one option only, Attac		
Notice or RFR, and Response or other procureme	nt supporting documentation)	Amendment to Date, Scope or Budget (Attach up		
Emergency Contract (Attach justification for emergency Contract Employee (Attach Employment Status Fo	gency, scope, budget)	Interim Contract (Attach justification for Interim Co Contract Employee (Attach any updates to scope		
X Other Procurement Exception (Attach authorizing	onn, scope, budget) of language, legislation with	Other Procurement Exception (Attach authorizing	language/justification and undated	
specific exemption or earmark, and exception justifice	cation, scope and budget)	scope and budget)		
The Standard Contract Form Instructions and Continto this Contract and are legally binding: (Check O Services Commonwealth IT Terms and Conditions	tractor Certifications and the fo NE option):Commonwealth	Illowing Commonwealth Terms and Conditions docum Ferms and Conditions X Commonwealth Terms and Co	ent are incorporated by reference nditions For Human and Social	
In the state accounting system by sufficient appropriation	ons or other non-appropriated fur	thorized performance accepted in accordance with the ter ids, subject to intercept for Commonwealth owed debts ur ions, conditions or terms and any changes if rates or term	nder 815 CMR 9.00	
Maximum Obligation Contract. Enter total maxim	um obligation for total duration of	this contract (or new total if Contract is being amended).	\$ <u>.</u>	
a PPD as follows: Payment issued within 10 days	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 cyclestatutory/legal or Ready Payments (M.G.L. c, 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
Commonwealin authorized through the annual GAA an MGL provide social and support services to older adult census data, at a current rate of \$12 per person. This creport describing how these grant funds were applied. If the prior obligation for year one is funded in the FY22 and the prior obligation for year one is funded in the FY22 and the prior obligation for year one is funded in the FY22 and the prior obligation for year one is funded in the FY22 and the prior obligation for year one is funded in the FY22 and the prior obligation for year one is funded in the FY22 and the prior obligation for year one is funded in the FY22 and the prior obligation for year one is funded in the FY22 and the prior obligation for year one is funded in the FY22 and the prior obligation for year one is funded in the FY22 and the prior obligation for year one is funded in the FY22 and the prior obligation for year one is funded in the FY22 and the prior obligation for year one is funded in the FY22 and the prior obligation for year one is funded in the FY22 and the prior obligation for year one is funded in the FY22 and the prior obligation for year one is funded in the FY22 and the prior obligation for year one is funded in the FY22 and the prior obligation for year one is funded in the FY22 and the prior obligation for year one is funded in the FY22 and the prior obligation for year one is funded in the prior obligation for year one is funded in the prior obligation for year one is funded in the prior obligation for year one is funded in the prior obligation for year one is funded in the year of year of year one is funded in the year of year of year one is funded in the year of	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 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 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 Contr	actor certify for this Contract, or Contract Amendment, the	at Contract obligations:	
1. may be incurred as of the Effective Date (latest si	ignature date below) and <u>no</u> oblig	ations have been incurred <u>prior</u> to the Effective Date.	# 12 m	
_X 3. were incurred as of _July 1 , 20 21 _ , a date are authorized to be made either as settlement pa	PRIOR to the Effective Date belo yments or as authorized reimburs	r and <u>no</u> obligations have been incurred <u>prior</u> to the Effec w, and the parties agree that payments for any obligations sement payments, and that the details and circumstances releases the Commonwealth from further claims related to	s incurred prior to the Effective Date	
completing any negotiated terms and warranties, to allo	CONTRACT END DATE: Contract performance shall terminate as of June 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: (Signature and Date Must Be Captured At Print Name: (CAS De Cassaca)	Date: <u>9/05/00</u> Time of Signature)	(Signature and Date Must Be Captured	Date: <u>4/6/22</u> . At Time of Signature)	
Print Title: Chy Manager.		Print Title: Diwiter it Contracts and	Acounting	

(Updated 7/22/2021) Page 1 of 83

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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 CANTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 801 WASHINGTON ST, CANTON, MA 02021-2500		Business Mailing Address: 1 Ashburton PI, Boston I	MA 02108	
Contract Manager: DIANE TYNAN Phone: 781-828-1323		Billing Address (if different):		
E-Mail: dtynan@town.canton.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191742		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000000		
(Note: The Address ID must be set up for EFT paym	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s.	8B	
		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)  Dilowing Commonwealth Terms and Conditions document are incorporated by reference Terms and Conditions X Commonwealth Terms and Conditions For Human and Social  Atthorized performance accepted in accordance with the terms of this Contract will be supported ands, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  If this contract (or new total if Contract is being amended). \$ \$ 4 G , ZHG . OD  If this contract (or new total if Contract is being amended). \$ \$ G , ZHG . OD  If this contract (or new total if Contract is being amended). \$ \$ G , ZHG . OD  If this contract (or new total if Contract is being amended). \$ \$ G , ZHG . OD  If the EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify 15 days % PPD; Payment issued within 30 days % PPD; Payment issued within 30 days 5 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment Prompt Pay Discounts Policy.)		
MGL provide social and support services to older aducensus 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 ANTICIPATED START DATE: (Complete ONE optice)	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 rece 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 fisc 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 obli	gations have been incurred <u>prior</u> to the Effective Date.	ive Dele	
X 3. were incurred as of July 1, 20 21, a dat	e PRIOR to the Effective Date belo payments or as authorized reimbur	v and <u>no</u> obligations have been incurred <u>prior</u> to the Effecti ow, and the parties agree that payments for any obligations sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to	incurred prior to the Effective Date of all obligations under this Contract	
amended, provided that the terms of this Contract a completing any negotiated terms and warranties, to a	CONTRACT END DATE: Contract performance shall terminate as of <u>June 30</u> , 20 <u>32</u> , with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract of Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require 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 at unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective contractor.				
Contract.  AUTHORIZING SIGNATURE FOR THE CONTRACTOR:  X:			Date: <u>3/4/22</u> . At Time of Signature)	



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CONTRACTOR LEGAL NAME: TOWN OF CARLISLE		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
(and d/b/a):		MMARS Department Code: ELD	
Legal Address: (W-9, W-4): PO BOX 624, CARLISLE, MA 01741-0624		Business Mailing Address: 1 Ashburton PI, Boston M.	A 02108
Contract Manager: JOAN INGERSOLL	Phone: 978-371-6693	Billing Address (if different):	Total I and the second second
E-Mail: jingersoll@carlislema.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191743		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. 88	3
X NEW CONTRA	СТ	CONTRACT AMENDM	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check or	C 1 20 20 20	Enter Current Contract End Date Prior to Amendment:	A CONTRACTOR OF THE CONTRACTOR
Statewide Contract (OSD or an OSD-designated	Department)	Enter Amendment Amount: \$ (or "no change")	N
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 procureme		Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contra	
Emergency Contract (Attach justification for emer	gency, scope, budget)	Contract Employee (Attach any updates to scope or be	udget)
Contract Employee (Attach Employment Status F X Other Procurement Exception (Attach authorize	ng language, legislation with	Other Procurement Exception (Attach authorizing lan	guage/justification and updated
specific exemption or earmark, and exception justif	ication, scope and budget)	scope and budget)	
The Standard Contract Form Instructions and Con	tractor Certifications and the fol	lowing Commonwealth Terms and Conditions document	t are incorporated by reference
into this Contract and are legally binding: (Check of Services Commonwealth IT Terms and Conditions	ONE option): Commonwealth I	erms and Conditions X Commonwealth Terms and Conditions	nons for Human and Godal
COMPENSATION: (Check ONE option): The Departr	nent certifies that payments for aut	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 under	r 815 CMR 9.00.
X Rate Contract. (No Maximum Obligation) Attack	n details of all rates, units, calculation of	ons, conditions or terms and any changes if rates or terms and this contract (or <i>new</i> total if Contract is being amended). \$	re being amended.)
PROMPT PAYMENT DISCOUNTS (PPD): Common	wealth payments are issued through  Wealth payment issued within 1.	n EFT 45 days from invoice receipt. Contractors requesting a 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	I EFT 45 day payment cycle. See F	Prompt Pay Discounts Policy.)	
Commonwealth authorized through the annual GAA a	and other sources. The activity perfe	ENT: This 10-year contract will cover grant funds to municipal programment 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	ne annual award is determined by the number of elders per r	municipality 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 prior to the latest signature date are intended to be part of th	COA will complete an annual fiscal
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 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 prior to the Effective Date.	- Data
	TER than the Effective Date below	r and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.
are authorized to be made either as settlement to	payments or as authorized reimburs	w, and the parties agree that payments for any obligations in 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 sha	all terminate as of June 30 . 20	. with no new obligations being incurred after this di	ate unless the Contract is properly
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 an	resolving any claim or dispute, for
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	the latest date that this Contract or field above, subject to any required
approvals. The Contractor certifies that they have accompany to the contractor certifies the certi	essed 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 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 referen			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 Request for Response (RFR) or other		solicitation, the Contractor's Response (excluding any lang	uage stricken by a Department as
unaccentable, and additional negotiated terms, provided that additional negotiated term		s will take precedence over the relevant terms in the RFR an any amended RFR or Response terms result in best value. Ic	ower costs, or a more cost effective
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 efficient contract.			
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:		AUTHORIZING SIGNATURE FOR THE COMMONWE	ALTH:
x: Denuther Vollan	Date: 2/17/7	X: ////// Da	ate: <u>UV3122</u>
X: Multiple Mast Be Captured Print Name: Morth Day Color	At Time of Signature)	X: Da  (Signature and Date Must Be Captured A  Print Name: Date Must Be Captured A	t Time of Signature)
Print Name: TIMOTHY DISTRIBUTION	HRI).	Print Name: Whiten Boltmun	Accounting BUSA
DOWN THE TONG A SOM I NI THE	9701	Print Title: Diviller of juntoacts and	Millyattun HUSAK

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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>.

s.gov/lists/osd-forms.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
CONTRACTOR LEGAL NAME: TOWN OF CARVER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 108 MAIN ST, CARVER, MA 02330-2025		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Phone: 508-866-4698	Billing Address (if different):		
<b>Fax:</b>	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
	MMARS Doc ID(s): 02082200000000000006		
nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
XNEW 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)	
ntractor Certifications and the fol ONE option):Commonwealth T	lowing Commonwealth Terms and Conditions documen ferms and Conditions X Commonwealth Terms and Conditions	t are incorporated by reference tions 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). \$			
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on only) The Department and Cont	ractor certify for this Contract, or Contract Amendment, that	Contract obligations:	
signature date below) and <u>no</u> oblig	gations have been incurred <u>prior</u> to the Effective Date.	re Date	
te PRIOR to the Effective Date belo	ow, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances or	ncurred prior to the Effective Date f all obligations under this Contract	
and performance expectations and	dobligations shall survive its termination for the purpose 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 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 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 as electronically published and the Contractor makes all 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 as electronically published and the Contractor formace of this Contract and penalties of perjury, and further agrees to provide any required documentation under the pains and penalties of perjury, and further agrees to provide or incorporated by reference as electronically published and the Contractor formance of this Contract formance of the pains and penalties of perjury, and further agrees to provide any required according to provide any required according to the following hierarchy of documents incorporated by reference as electronically published and the Contractor formance of this Contract for the pains and penalties of perjury, and further agrees to provide any required according to the following hierarchy of documents are attached or incorporated by reference as electronically pub			
TO BUSE TO SEE T	Phone: 508-866-4698  Fax:  Inents.)  Ine option only)  Department)  Ine, budget)  Sit CMR 2.00) (Solicitation  Inent supporting documentation)  Ingency, scope, budget)  Form, scope, budget)  Form, scope, budget)  Form, scope, budget)  Inglanguage, legislation with  Indication, scope and budget)  Intractor Certifications and the folicity of the contraction of the non-appropriated functions or other non-appropriated function	COMMONWEALTH DEPARTMENT NAME: Executive C MMARS Department Code: ELD  Phone: 508-866-4698  Billing Address (if different):  E-Mail: Stacey.oconnell@mass.gov  MMARS Doc ID(s): 02082200000000000000  RFR/Procurement or Other ID Number: MGL c. 40 s. 8  RFR/Procurement or Other ID Number: MGL c. 40 s. 8  RFR/Procurement or Other ID Number: MGL c. 40 s. 8  RFR/Procurement or Other ID Number: MGL c. 40 s. 8  RFR/Procurement or Other ID Number: MGL c. 40 s. 8  RFR/Procurement or Other ID Number: MGL c. 40 s. 8  RFR/Procurement or Other ID Number: MGL c. 40 s. 8  RFR/Procurement or Other ID Number: MGL c. 40 s. 8  AMENDMENT TYPE: (Check one option only. Attach of Land and Land Interim Contract (Attach justification for Interim Contract Employee (Attach any update) and Interim Contract (Attach justification for Interim Contract Employee (Attach any update) scope and budget)  Intractor Certifications and the following Commonwealth Terms and Conditions document on the contract Employee (Attach any update) scope and budget)  Intractor Certifications and the following Commonwealth Terms and Conditions document on the contract in the payments are issued through Epromance accepted in accordance with the terms and conditions of the contract (or new total if Contract is being amended). \$  We PD; Payment issued through EFT 45 days from invoice receipt. Contractors requesting a contract will cover any rate adjustment or increase during the Value of Contract or Service of Contract or Service	



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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.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 CHARLEMONT (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 157 MAIN ST, CHARLEMONT, MA 01339-9703		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: LINDA A. WAGNER Phone: 413-339-6641		Billing Address (if different):		
E-Mail: coa@charlemont-ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191745		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000000		
(Note: The Address ID must be set up for EFT paym	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRA	CT	CONTRACT AMENDI	VENT	
PROCUREMENT OR EXCEPTION TYPE: (Check on	and the second s	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 d Amendment to Date, Scope or Budget (Attach updat	atails of amendment changes.)	
Department Procurement (includes all Grants - 8 Notice or RFR, and Response or other procurement	ent supporting documentation)	Amendment to Date, Scope of Budget (Attach open Interim Contract (Attach justification for Interim Contra	act and updated scope/budget)	
Emergency Contract (Attach justification for emer	gency, scope, budget)	Contract Employee (Attach any updates to scope or b	udget)	
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authorizi	ng language, legislation with	Other Procurement Exception (Attach authorizing lar	guage/justification and updated	
specific exemption or earmark, and exception justil	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):Commonwealth I	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 Departs	nent certifies that navments for aut	horized performance accepted in accordance with the terms	of this Contract will be supported	
in the state accounting custom by sufficient appropriate	lione or other non-appropriated tun	ds subject to intercept for Commonwealth owed debts unde	1 013 CIVITY 3.00.	
X Rate Contract. (No Maximum Obligation) Attack	n details of all rates, units, calculation of	ons, conditions or terms and any changes if rates or terms a this contract (or <b>new</b> total if Contract is being amended). \$	e being amondou.	
- DDD as fallows. Downant includ within 10 days	% DDD. Payment issued within 1	h EFT 45 days from invoice receipt. Contractors requesting a 5 days % PPD; Payment issued within 20 days % PF	D, Fayment issued within 50 days	
% PPD If PPD percentages are left blank, identify	reason: X agree to standard 45	day cycle statutory/legal of Ready Payments (IVI.O.L. C.	29, § 23A); only initial payment	
(subsequent payments scheduled to support standard	MCE OF DEASON FOR AMENDM	ENT: This 10-year contract will cover grant funds to municip	al Councils on Aging (COA) of the	
O	and other courses. The activity perf	formance period for year one of this contract is 1/1/2021-0/30	JIZUZZ. THE COMS established by	
NO	ilte their familiae and caregivere 1	the annual award is determined by the number of elders per ment or increase during the 10-year period. Each municipal	Illullicipality as per the most recent	
report describing how these grant funds were applied	. All approved obligations incurred	prior to the latest signature date are interlued 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. IVIA #1.		
ANTICIPATED START DATE: (Complete ONE option	on only) The Department and Contra	ractor certify for this Contract, or Contract Amendment, that	Junuaci obligations.	
1. may be incurred as of the Effective Date (latest	signature date below) and <u>ito</u> oblig	pations have been incurred <u>prior</u> to the Effective Date. w and <u>no</u> obligations have been incurred <u>prior</u> to the Effectiv	e Date.	
v o	a PRIOR to the Effective Date held	and the parties agree that payments for any obligations if	ncurred prior to the Effective Date	
are authorized to be made either as settlement to	navmente or se authorized reimblif	sement navments, 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	tate unless the Contract is properly	
and a social at that the terms of this Contract	and performance expectations and	0 32 , with no new obligations being incurred after this of obligations shall survive its termination for the purpose of	1650Milly arry claim of dispute, for	
completing any negotiated terms and warranties, to a	allow any close out or transition per	formance, reporting, invoicing or final payments, or during a	ny lapse between amendments.	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference 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 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 and Contract Form, the Standard Contract Form, the Standard Contract Form, the Standard Contract Form, the Standard Contract Form and Contract Form and Contract Form, the Standard Contract Form and Contract Form				
Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any targuage stricker by a bepar 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 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 Contract.			nd the Contractor's Response only if lower costs, or a more cost effective	
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:  X: Magneture Date:  (Signature and Date Must Be Captured At Time of Signature)		(Signature and Date Must Be Captured A	ate: 5/24/22	
Print Name: MARQUERICE Will Print Title: Selent Board	hoir	Print Name: Awan Bilman Print Title: Piwelly it linkapts a	1 Mounting	
			0.	

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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 CHARLTON		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs		
(and d/b/a):		MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 37 MAIN ST, CHARLTON, MA 01507-1382		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: ELAINE MATERAS	Phone: 508-248-2231	Billing Address (if different):	Dhamas 647 222 7440	
E-Mail: Elaine.Materas@townofcharlton.net	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191746		E-Mail: <u>Stacey.oconnell@mass.gov</u>	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.	Sort W	MMARS Doc ID(s): 02082200000000000000		
(Note: The Address ID must be set up for EFT paym	ients.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 88		
X NEW CONTRA	CT	CONTRACT AMEND		
PROCUREMENT OR EXCEPTION TYPE: (Check or	AND THE STATE OF T	Enter Current Contract End Date <u>Prior</u> to Amendment:		
Statewide Contract (OSD or an OSD-designated	Department)	Enter Amendment Amount: \$ (or "no change" AMENDMENT TYPE: (Check one option only. Attach de		
Collective Purchase (Attach OSD approval, scope Department Procurement (includes all Grants - 8	15 CMR 2.00) (Solicitation	Amendment to Date, Scope or Budget (Attach update		
Notice or RFR, and Response or other procureme	ent supporting documentation)	Interim Contract (Attach justification for Interim Contra	ct and updated scope/budget)	
Emergency Contract (Attach justification for emer Contract Employee (Attach Employment Status F	rgency, scope, budget)	Contract Employee (Attach any updates to scope or b		
X Other Procurement Exception (Attach authorizi	ng language, legislation with	Other Procurement Exception (Attach authorizing lan	guage/justification and updated	
specific exemption or earmark, and exception justif	fication, scope and budget)	scope and budget)		
into this Contract and are legally binding: (Check of Services Commonwealth 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) Attact	COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)			
Maximum Obligation Contract. Enter total maxim	mum obligation for total duration of	this contract (or <i>new</i> total if Contract is being amended). \$ _	<del></del>	
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  ANTICIPATED START DATE: (Complete ONE option	on only) The Department and Conti	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	pations have been incurred prior to the Effective Date.		
2. may be incurred as of , 20 , a date LA	ATER than the Effective Date below	and no obligations have been incurred prior to the Effective	e Date.	
X 3. were incurred as of July 1, 20 21, a dat	e PRIOR to the Effective Date belo	w, and the parties agree that payments for any obligations in 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 sha	are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.  CONTRACT END DATE: Contract performance shall terminate as of <a href="June 30">June 30</a> , 20 , 22, 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 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:  X:				
X: (Signature and Date Must Be Captured	. Date: Z/ZZ/ZZ.	(Signature and Date Must Be Captured A	at Time of Signature)	
Print Name: Andiew Carlos	At Time of orginature)	Print Name: Harry Bellman		
Print Name: Andrew Golds.  Print Title: Town Administrate!		Print Title: Divillar of Contracts and I	FILOUNHAY, BOBA	



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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>.

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CONTRACTOR LEGAL NAME: TOWN OF CHATHAM		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs		
{and d/b/a}:		MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 549 MAIN ST, CHATHAM, MA 02633-2279		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: MANDI SPEAKMAN	Phone: 508-945-5190	Billing Address (if different):		
E-Mail: aspeakman@chatham-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191747		E-Mall: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000000		
(Note: The Address ID must be set up for EFT paym	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 88	3	
X NEW 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)		
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	ions For Human and Social	
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)  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 dering the 10-year period. Each municipal COA will complete an annual fiscal report describing how these grant funds were applied. All approved obligations incurred prior to the latest signature date are intended to be part of this agreement and the amount of				
the prior obligation for year one is funded in the FY22 award. The deadline to submit the signed contract is 6/30/22. MA #1.  ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: 1. may be incurred as of the Effective Date (latest 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.			e Date. ncurred 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 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 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: July C-Gulful Date: 4/1/22  (Signature and Date Must Be Captured At Time of Signature)  Print Name: Jill C-Gulful Date  Print Title: Chattan Two Manager  Print Title: Diwiter of Controls and Date Must Be Captured At Time of Signature and Date Must Be Captured At Print Name: From Date Must Be Captured At Print Title: Diwiter of Controls and Date Must Be Captured At Print Title: Diwiter of Controls and Date Must Be Captured At Print Title: Diwiter of Controls and Date Must Be Captured At Print Title: Diwiter of Controls and Date Must Be Captured At Time of Signature)		ate: 9117177 .  It Time of Signature)		



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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>.

(and d/b/a): Legal Address: (W-9, W-4): 50 BILLERICA RD, CHE	FORD	ACCURACY TO BE A DESCRIPTION OF THE PARTY OF		
Legal Address: (W-9, W-4): 50 BILLERICA RD, CHE	CONTRACTOR LEGAL NAME: TOWN OF CHELMSFORD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
The second secon	Legal Address: (W-9, W-4): 50 BILLERICA RD, CHELMSFORD, MA 01824-3162		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: DEBRA SIRIANI	Phone: 978-251-0533	Billing Address (if different):		
E-Mail: dsiriani@townofchelmsford.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191748	\$1.702.30	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	В	
X_ NEW CONTRA		CONTRACT AMEND		
PROCUREMENT OR EXCEPTION TYPE: (Check o		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, score	ne, budget)	AMENDMENT TYPE: (Check one option only. Attach de		
Department Procurement (includes all Grants - Notice or RFR, and Response or other procurem	815 CMR 2.00) (Solicitation	Amendment to Date, Scope or Budget (Attach update	ed scope and budget)	
Emergency Contract (Attach justification for eme	ergency, scope, budget)	Interim Contract (Attach justification for Interim Contra Contract Employee (Attach any updates to scope or b	act and updated scope/budget)	
Contract Employee (Attach Employment Status	Form, scope, budget)	Other Procurement Exception (Attach authorizing lan	nguage()	
X Other Procurement Exception (Attach authorize specific exemption or earmark, and exception just	ring language, legislation with ification, scope and budget)	scope and budget)	iguago/jaosilioadori ana apaatoa	
The Standard Contract Form Instructions and Co into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Condition	ntractor Certifications and the fo ONE option): <u>Commonwealth</u>	llowing Commonwealth Terms and Conditions document Ferms and Conditions X Commonwealth Terms and Conditions	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): 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 cyclestatutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)  BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This 10-year contract will cover grant funds to municipal Councils on Aging (COA) of the Commonwealth authorized through the annual GAA and other sources. The activity performance period for year one of this contract is 7/1/2021-6/30/2022. The COAs established by MGL provide social and support services to older adults, their families and caregivers. The annual award is determined by the number of elders per municipality as per the most recent census data, at a current rate of \$12 per person. This contract will cover any rate adjustment or increase during the 10-year period. Each municipal COA will complete an annual fiscal report describing how these grant funds were applied. All approved obligations incurred prior to the latest signature date are intended to be part of this agreement and the amount of				
report describing how these grant funds were applied	<ul> <li>d. All approved obligations incurred</li> </ul>	ment or increase during the 10-year period. Each municipal of prior to the latest signature date are intended to be part of the	municipality as per the most recent COA will complete an annual fiscal	
report describing how these grant funds were applie the prior obligation for year one is funded in the FY2	<ul> <li>All approved obligations incurred 2 award. The deadline to submit th</li> </ul>	ment or increase during the 10-year period. Each municipal or prior to the latest signature date are intended to be part of th e signed contract is 6/30/22. MA #1.	municipality as per the most recent COA will complete an annual fiscal his agreement and the amount of	
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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.maccomptroller.org/forms">https://www.maccomptroller.org/forms</a>.

orms are also posted at OSD Forms: https://www.mass.gov/lists/osd-forms.			
CONTRACTOR LEGAL NAME: CITY OF CHELSEA (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 500 BROADWAY, CHELSEA, MA 02150-2948		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: TRACY M. NOWICKI Phone: 617-466-4377		Billing Address (if different):	_
E-Mail: Tnowicki@chelseama.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000192083	·	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000006	
(Note: The Address ID must be set up for EFT paym	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В
_X_ NEW CONTRA	CT	CONTRACT AMENDI	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check or	5.5111	Enter Current Contract End Date Prior to Amendment:	5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Statewide Contract (OSD or an OSD-designated	900 W W	Enter Amendment Amount: \$ (or "no change"	
Collective Purchase (Attach OSD approval, scop	e, budget)	AMENDMENT TYPE: (Check one option only. Attach d	
Department Procurement (includes all Grants - 8 Notice or RFR, and Response or other procurement	<u>15 CMR 2.00</u> ) (Solicitation ent supporting documentation)	Amendment to Date, Scope or Budget (Attach update	
Emergency Contract (Attach justification for eme	rgency, scope, budget)	Interim Contract (Attach justification for Interim Contra Contract Employee (Attach any updates to scope or b	
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authorize	orm, scope, budget)	Other Procurement Exception (Attach authorizing lan	
specific exemption or earmark, and exception justi	fication, scope and budget)	scope and budget)	33-,
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 documen erms and Conditions X Commonwealth Terms and Condi	t are incorporated by reference tions For Human and Social
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	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 fund	ds, subject to intercept for Commonwealth owed debts unde	r <u>815 CMR 9.00</u> .
		ons, conditions or terms and any changes if rates or terms a this contract (or <b>new</b> total if Contract is being amended). \$_	
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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 a% 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 payr			29, § 23A); only initial payment
(subsequent payments scheduled to support standard	d EFT 45 day payment cycle. See F	Prompt Pay Discounts Policy.)	1 0il A-i (00A) of the
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MGI provide social and support services to older adu	ults, their families and caregivers. The	he 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	s 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	JOA will complete an annual fiscal
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.	no agreement and the amount of
ANTICIPATED START DATE: (Complete ONE option	on only) The Department and Contr	actor certify for this Contract, or Contract Amendment, that 0	Contract obligations:
1. may be incurred as of the Effective Date (latest	signature date below) and no oblig	pations have been incurred prior to the Effective Date.	D
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 Effectiv	e Date.
are authorized to be made either as settlement to	payments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of	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 ofJune 30_, 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
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	the latest date that this contract or ified above, subject to any required
approvals. The Contractor certifies that they have ac	cessed and reviewed all documents	incorporated by reference as electronically published and 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 pof this Contract and doing business in Massachusetts are at	provide any required documentation
herein according to the following hierarchy of docum	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 terms	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.	nicorporator noron, provided that	any america in the response terms result in sect taken	seacon d'america pari - Talifornia (1907). Talifornia (1907).
AUTHORIZING SIGNATURE FOR THE CONTRACTOR;		AUTHORIZING SIGNATURE FOR THE COMMONWE	ALTH:
x: / nomet miles	Date: 3 100		ate: 3/22/22.
(Signature and Date Must Be Captured	At Time of Signature)	(Signature and Date Must Be Captured A	t Time of Signature)
Print Name: Names G. 7 Mb	WSI W	Print Name: Away Beilmun	<u> </u>
Print Title		Print Title: Divertor of longrads and	MIUVOHNA



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

F	orms are also posted at OSD Forms: https://www.mass	s.gov/lists/osd-forms.			
CONTRACTOR LEGAL NAME: TOWN OF CHESTER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD			
Legal Address: (W-9, W-4): 15 MIDDLEFIELD RD, CHESTER, MA 01011-9805		Business Mailing Address: 1 Ashburton PI, Boston M	A 02108		
Contract Manager: ANGELIQUE TORONI Phone: 413-354-7735		Billing Address (if different):			
-	E-Mail: coa@townofchester.net	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
⊢	Contractor Vendor Code: VC6000191750	I wa	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
H	/endor 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	
F	X NEW CONTRA	СТ	CONTRACT AMEND		
١	PROCUREMENT OR EXCEPTION TYPE: (Check or		Enter Current Contract End Date <u>Prior</u> to Amendment:		
ı	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	etails of amendment changes.)	
ı	Department Procurement (includes all Grants - 8 Notice or RFR, and Response or other procurement	ent supporting documentation)	Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra	ed scope and budget) act and undated scope/budget)	
	Emergency Contract (Attach justification for emer	rgency, scope, budget)	Contract Employee (Attach any updates to scope or b	oudget)	
	Contract Employee (Attach Employment Status F X_Other Procurement Exception (Attach authorizi	orm, scope, budget) ing language, legislation with	Other Procurement Exception (Attach authorizing lar	iguage/justification and updated	
	specific exemption or earmark, and exception justif	fication, scope and budget)	scope and budget)	200 00 00 200 00 00 00 00 00 00 00 00 00 00 00 00	
	into this Contract and are legally binding: (Check of Services Commonwealth IT Terms and Conditions	ONE option): <u>Commonwealth T</u>	lowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi	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). \$				
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l	a PPD as follows: Payment issued within 10 days	% PPD: Payment issued within 1	5 days % PPD; Payment issued within 20 days % Pr	PD; Payment issued within 30 days	
۱	% PPD. If PPD percentages are left blank, identify	y reason: X agree to standard 45	day cycle <u> </u>	29, § 23A); only initial payment	
ŀ	(subsequent payments scheduled to support standard	NCE or REASON FOR AMENDM	ENT: This 10-year contract will cover grant funds to municip	al Councils on Aging (COA) of the	
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ŀ	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 the	nis agreement and the amount of	
l	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.		
١	ANTICIPATED START DATE: (Complete ONE option	on only) The Department and Conti	ractor certify for this Contract, or Contract Amendment, that pations have been incurred prior to the Effective Date.	Contract obligations.	
	1. may be incurred as of the Ellective Date (latest	Signature date below) and <u>no</u> oblig	v and <u>no</u> obligations have been incurred <u>prior</u> to the Effectiv	ve Date.	
	V 2 were incurred as of July 1 20 21 a dat	te PRIOR to the Effective Date belo	by, and the parties agree that payments for any obligations i	ncurred prior to the Effective Date	
	are authorized to be made either as settlement to	navments or as authorized reimbur	sement payments, and that the details and circumstances of	I all obligations under this contract	
ŀ	are attached and incorporated into this Contract	. Acceptance of payments forever	releases the Commonwealth from further claims related to to 0.32, with no new obligations being incurred after this of	tate 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	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 a	ny lapse between amendments.	
	CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by referenchering 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 unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective.				
	Contract.		■ AUTHORIZING SIGNATURE FOR THE COMMONWE		
	AUTHORIZING SIGNATURE FOR THE CONTRACT	DIARIA	Man TV	2/6/27	
	X: (Signature and Date Must Be Captured	. Date:	X: Signature and Date Must Be Captured	Pate:At Time of Signature)	
	Print Name: JOHN BAUDASARO	) .	1/3 44/410 19 41/100 440		
	Print Title: SPLECTBOARD -	CHAIR	Print Title: Dinglar of Contracts a	M Allovally	
		1,6			



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and <u>Contractor Certifications</u>, the <u>Commonwealth Terms and Conditions</u> for <u>Human and Social Services</u> or the <u>Commonwealth IT Terms and Conditions</u> which are incorporated
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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 CHESTERFIELD		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
(and d/b/a):		MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 422 MAIN RD, CHESTERFIELD, MA 01012-9708		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: LORRIE CHILDS	Phone: 413-296-4007	Billing Address (if different):	
E-Mail: childsl@verizon.net	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191751		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. 8E	3
X NEW CONTRA	СТ	CONTRACT AMENDM	
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Contract Employee (Attach Employment Status F X Other Procurement Exception (Attach authorizi	ng language, legislation with	Other Procurement Exception (Attach authorizing lang	guage/justification and updated
specific exemption or earmark, and exception justif	fication, scope and budget)	scope and budget)	w dines
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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 appropriate	tions or other non-appropriated fund	ds, subject to intercept for Commonwealth owed debts under	815 CMR 9.00
X Rate Contract. (No Maximum Obligation) Attack	i details of all rates, units, calculation	ons, conditions or terms and any changes if rates or terms are this contract (or <i>new</i> total if Contract is being amended). \$ _	e being amended.)
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% 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	d EFT 45 day payment cycle. See F	Prompt Pay Discounts Policy.)	
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2. may be incurred as of, 20, a date LA	ATER than the Effective Date below	and no obligations have been incurred prior to the Effective	Date.
are authorized to be made either as settlement of	payments or as authorized reimburs	w, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to th	all obligations under this Contract
amended provided that the terms of this Contract a	and performance expectations and	32 , with no new obligations being incurred after this depoligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require 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 upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department at unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.			
AUTHORIZING SIGNATURE FOR THE CONTRACT	FOR:	AUTHORIZING SIGNATURE FOR THE COMMONWE	ALTH:
(Signature and Date Must Be Captured	Date: 02 28 2022	X:	te: <u>1910 C</u>
(Signature and Date Must Be Captured	At Time of Signature)	X:	
Print Name: PATRICIA & COLSON- Print Title: SELECTBOARD VILE	CHAIR	Print Title: DW As I II. A Waste And	1 According
Print little: TELECISOARD VICE (	1111	Finit line. Vive of a (DA) to a (DA)	LATE TO WIT



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.not/lists/ocd-forms">https://www.macs.not/lists/ocd-forms</a>.

Forms are also posted at OSD Forms: https://www.mas	s.gov/lists/osd-forms.		
CONTRACTOR LEGAL NAME: CITY OF CHICOPEE (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 17 SPRINGFIELD ST, CHICOPEE, MA 01013-2657		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: SHERRY MANYAK Phone: 413-534-3698		Billing Address (if different):	
E-Mail: smanyak@chicopeema.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000192086		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000006	
(Note: The Address ID must be set up for EFT paym	ients.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В
_X_ NEW CONTRA	СТ	CONTRACT AMENDI	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check or	and the second s	Enter Current Contract End Date <u>Prior</u> to Amendment:	
Statewide Contract (OSD or an OSD-designated	A CALL 18187	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	
Emergency Contract (Attach justification for emer	gency, scope, budget)	Interim Contract (Attach justification for Interim Contra 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 C Services Commonwealth IT Terms and Conditions	ONE option): Commonwealth To	lowing Commonwealth Terms and Conditions document forms and Conditions X Commonwealth Terms and Conditions	t are incorporated by reference tions For Human and Social
COMPENSATION: (Check ONE option): The Departm	nent certifies that payments for auth	horized performance accepted in accordance with the terms	of this Contract will be supported
in the state accounting system by sufficient appropriat	tions or other non-appropriated fund	ds, subject to intercept for Commonwealth owed debts unde	r <u>815 CMR 9.00</u> .
		ons, conditions or terms and any changes if rates or terms a 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 1	h EFT 45 days from invoice receipt. Contractors requesting <b>a</b> 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		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 a	ind 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	Its, their families and caregivers. Th	he annual award is determined by the number of elders per r	municipality as per the most recent
report describing how these grant funds were applied.	. All approved obligations incurred	nent or increase during the 10-year period. Each municipal of 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.	
		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	o Data
Z. may be incurred as of, 20, a date LA	PRIOR to the Effective Date below	w, and the parties agree that payments for any obligations in	ocurred 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 releases the Commonwealth from further claims related to the	all obligations under this Contract
CONTRACT END DATE: Contract performance sha	all terminate as ofJune 30_, 20	32 , with no new obligations being incurred after this day	ate unless the Contract is properly
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 an	resolving any claim or dispute, for
CERTIFICATIONS: Notwithstanding verbal or other	representations by the parties, the	e "Effective Date" of this Contract or Amendment shall be lartment, or a later Contract or Amendment Start Date speci-	the latest date that this Contract or fied above, subject to any required
approvals. The Contractor certifies that they have acc	essed and reviewed all documents	incorporated by reference as electronically published and the	e Contractor makes all certifications
required under the Standard Contract Form Instruction	all terms governing performance of	der the pains and penalties of perjury, and further agrees to p of this Contract and doing business in Massachusetts are atta	rovide any required documentation ached or incorporated by reference
herein according to the following hierarchy of docume	ent precedence, the applicable Cor	mmonwealth Terms and Conditions, this Standard Contract	Form, the Standard Contract Form
Instructions and Contractor Certifications, the Reque	est for Response (RFR) or other s	solicitation, the Contractor's Response (excluding any lang	uage stricken by a Department as
made using the process outlined in 801 CMR 21.07, i	ncorporated herein, provided that a	s will take precedence over the relevant terms in the RFR and any amended RFR or Response terms result in best value, k	ower costs, or a more cost effective
Contract.	Control of the Contro		
AUTHORIZING SIGNATURE FOR THE CONTRACT	OR:	AUTHORIZING SIGNATURE FOR THE COMMONWE	2/4/22
	Date: 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	X:	ite: 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: Frank Laflanne	ident	Print Title: Nouther At Charles and	New when
Print Title: City Council Press	NOD!	Fint like. Urward of / Johnan John	ביוושטעעוב

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	s.gov/lists/osd-forms.	1	
CONTRACTOR LEGAL NAME: TOWN OF CHILMARK (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): PO BOX 119, CHILMARK, MA 02535-0119		Business Mailing Address: 1 Ashburton PI, Boston M	A 02108
Contract Manager: JOYCE ALBERTINE Phone: 508-693-2896		Billing Address (if different):	
E-Mail: upicoa@comcast.net	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191752		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
		mENT, 20  ") etails of amendment changes.) ed scope and budget) act and updated scope/budget) adjudget) aguage/justification and updated  t are incorporated by reference tions For Human and Social  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:  _ 1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date.  _ 2. may be incurred as of, 20, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date.  _ X 3. were incurred as of, 20_1, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contact. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.			e Date.  ncurred prior to the Effective Date fall obligations under this Contract
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:			ate: 3/9/22  It Time of Signature)

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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>.

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forms are also posted at OSD Forms: https://www.mass	3.gov/lists/osd-torms.		
CONTRACTOR LEGAL NAME: TOWN OF CLARKSBURG (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 111 RIVER RD, CLARKSBURG, MA 01247-2147		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: LAUREN NORCROSS Phone: 413-663-9263		Billing Address (if different):	
E-Mail: nocross@bcn.net	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191753		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000006	
(Note: The Address ID must be set up for EFT paym	ients.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В
X NEW CONTRA	СТ	CONTRACT AMEND	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check or	(CS-5)/	Enter Current Contract End Date Prior to Amendment:, 20	
Statewide Contract (OSD or an OSD-designated	100 00 000	Enter Amendment Amount: \$ (or "no change")	
Collective Purchase (Attach OSD approval, scope		AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)	
Department Procurement (includes all Grants - 8 Notice or RFR, and Response or other procurements)		Amendment to Date, Scope or Budget (Attach updat Interim Contract (Attach justification for Interim Contra	ed scope and budget)
Emergency Contract (Attach justification for emer	rgency, scope, budget)	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 lar	nguage/justification and updated
specific exemption or earmark, and exception justif	fication, scope and budget)	scope and budget)	
into this Contract and are legally binding: (Check of ServicesCommonwealth IT Terms and Conditions	ONE option): <u>Commonwealth T</u>	lowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi	itions For Human and Social
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.  X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)  Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended). \$			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: X_agree to standard 45 day cyclestatutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)  BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This 10-year contract will cover grant funds to municipal Councils on Aging (COA) of the Commonwealth authorized through the annual GAA and other sources. The activity performance period for year one of this contract is 7/1/2021-6/30/2022. The COAs established by MGL provide social and support services to older adults, their families and caregivers. The annual award is determined by the number of elders per municipality as per the most recent census data, at a current rate of \$12 per person. This contract will cover any rate adjustment or increase during the 10-year period. Each municipal COA will complete an annual fiscal report describing how these grant funds were applied. All approved obligations incurred prior to the latest signature date are intended to be part of this agreement and the amount of			
the prior obligation for year one is funded in the FY22	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:
		ations 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, 2021, a data	te <b>PRIOR</b> to the Effective Date belo	w, and the parties agree that payments for any obligations is sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the seminor of the commonwealth from further claims.	ncurred prior to the Effective Date fall obligations under this Contract
CONTRACT END DATE: Contract performance shall terminate as of <u>June 30</u> , 20, 32, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract of Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all contractor required under the Standard Contract Form Instructions and Contract Form Instructions and Contract Form Instructions and grees 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 of unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X:			
Print Title: TOWN AdmINISTRATOR Print Title: VINCINI At CONTINUS AND			1 11100



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Tollis are also posted at OOD Tollio. https://www.mass	sign with the control of the control			
CONTRACTOR LEGAL NAME: TOWN OF CLINTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 242 CHURCH ST, CLINTON, MA 01510-2631		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: DEBRA GOODSELL	Phone: 978-733-4747	Billing Address (if different):		
E-Mail: dgoodsell@clintonma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191754		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 payment	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8l	3	
X NEW CONTRAC	CT	CONTRACT AMENDI	MENT	
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)		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)		
into this Contract and are legally binding: (Check C Services Commonwealth IT Terms and Conditions	ONE option): Commonwealth T	lowing Commonwealth Terms and Conditions document forms and Conditions X Commonwealth Terms and Conditions	tions 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.)  Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended). \$			
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			ncurred prior to the Effective Date all obligations under this Contract	
CONTRACT END DATE: Contract performance shall terminate as of <u>June 30</u> , 20 32 , with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.				
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:				
X: This have and Date Must Be Captured At Time of Signature)  Print Name: Michael J - Ward.  Print Title: Town Administration  Print Title: Director of Owners and Date Must Be Captured At Time of Signature)  Print Title: Director of Owners and Date: 2123/22.  X:			ate: 2/23/27 .	

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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	s.gov/lists/osd-forms.		
CONTRACTOR LEGAL NAME: TOWN OF COHASSET (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs  MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 41 HIGHLAND AVE, COHASSET, MA 02025-1822		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: NANCY LAFAUCE Phone: 781-383-9112		Billing Address (if different):	
E-Mail: nlafauce@cohassetma.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191755	200 and 20000	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 AMEN	IDMENT
PROCUREMENT OR EXCEPTION TYPE: (Check or	2	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20	
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 details of amendment changes.)	
Notice or RFR, and Response or other procurement	ent supporting documentation)	Amendment to Date, Scope or Budget (Attach up Interim Contract (Attach justification for Interim Co	
Emergency Contract (Attach justification for emer	gency, scope, budget)	Contract Employee (Attach any updates to scope of	
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authorizi		Other Procurement Exception (Attach authorizing	
specific exemption or earmark, and exception justif	fication, scope and budget)	scope and budget)	79.5 N <sub>2</sub> = 15 990.
into this Contract and are legally binding: (Check C ServicesCommonwealth IT Terms and Conditions	ONE option):Commonwealth T	lowing Commonwealth Terms and Conditions documerms and Conditions X Commonwealth Terms and Conditions	nditions For Human and Social
in the state accounting system by sufficient appropriat X Rate Contract. (No Maximum Obligation) Attack	tions or other non-appropriated fun n details of all rates, units, calculati	horized performance accepted in accordance with the tends, subject to intercept for Commonwealth owed debts unders, 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> . s are 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	on only) The Department and Contr	actor certify for this Contract, or Contract Amendment, th	at Contract obligations:
1. may be incurred as of the Effective Date (latest	signature date below) and no oblig	ations have been incurred prior to the Effective Date.	
2. may be incurred as of, 20, a date LA	TER than the Effective Date below	y and <u>no</u> obligations have been incurred <u>prior</u> to the Effect	stive Date.
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 are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.			
CONTRACT END DATE: Contract performance shall terminate as of, 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 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:  X:  Date:  (Signature and Date Must Be Captured At Time of Signature)  (Signature and Date Must Be Captured At Time of Signature)			
Print Name: Print Name:		In the little of	awi Muvully



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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 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	a.govniataroau-toriffa.			
CONTRACTOR LEGAL NAME: TOWN OF COLRAIN		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs		
(and d/b/a):		MMARS Department Code: ELD		
Legal Address: (W-9, W-4): PO BOX 31, COLRAIN, MA 01340-0031  Contract Manager: KEVIN FOX  Phone: 413-624-3454		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: KEVIN FOX		Billing Address (if different):  Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
E-Mail: bos@colrain-ma.gov	Fax:	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Contractor Vendor Code: VC6000191756			Fax. 017-121-5500	
Vendor Code Address ID (e.g. "AD001"): AD 001.	aonto \	MMARS Doc ID(s): 02082200000000000000		
(Note: The Address ID must be set up for EFT paym		RFR/Procurement or Other ID Number: MGL c. 40 s. 8l		
CONTRACT AMENDMENT		etails of amendment changes.) ed scope and budget) act and updated scope/budget) aguage/justification and updated t are incorporated by reference tions For Human and Social		
in the state accounting system by sufficient appropriat  X Rate Contract. (No Maximum Obligation) Attact  Maximum Obligation Contract. Enter total maximum	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			
% 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:			re Date.  ncurred prior to the Effective Date f all obligations under this Contract	
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 COMMONWEALTH:				
X:		ate: UUTICC.  At Time of Signature)  Accountly, 5054		

Print Title: \_\_\_



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

Forms are also posted at OSD Forms: https://www.mass	.gov/lists/osd-forms.		
CONTRACTOR LEGAL NAME: TOWN OF CONCORD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): PO BOX 535, CONCORD, MA 01742-0535		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: GINGER QUARLES Phone: 978-318-3020		Billing Address (if different):	
E-Mail: gquarles@concordma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191757		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
		DMENT, 20  are details of amendment changes.) ated scope and budget) ract and updated scope/budget) budget) anguage/justification and updated  nt are incorporated by reference ditions For Human and Social as of this Contract will be supported ler 815 CMR 9.00. are being amended.)  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 recens 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:			ive Date. incurred prior to the Effective Date of all obligations under this Contract these obligations.
CONTRACT END DATE: Contract performance shall terminate as ofJune 30_, 20_32, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any require approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certification required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentate 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 Contractor and the Contract Form, the Standard Contract Form Instructions and Contractor of 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 (excluding any language stricken by a Department 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 onl 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 Contract.  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X:			icified above, subject to any required the Contractor makes all certifications or provide any required documentation attached or incorporated by reference of Form, the Standard Contract Form guage stricken by a Department as and the Contractor's Response only if, lower costs, or a more cost effective (EALTH:
Print Title: 1 - 10 - To the Manual Print Title: 0 real for At Configurate and Musicipal			



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and <u>Contractor Certifications</u>, the <u>Commonwealth Terms and Conditions</u> which are incorporated
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Forms are also posted at OSD Forms: https://www.mass.gov/lists/osd-forms.				
CONTRACTOR LEGAL NAME: TOWN OF CONWAY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): PO BOX 240, CONWAY, MA 01341-0240		Business Mailing Address: 1 Ashburton PI, Boston M	IA 02108	
Contract Manager: PATRICIA ANN LYNCH	Phone: 413-369-4284	Billing Address (if different):		
E-Mail: patricialynch@earthlink.net	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191759		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.	17.0	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	R	
X NEW CONTRAC	CT.			
PROCUREMENT OR EXCEPTION TYPE: (Check on		CONTRACT AMENDMENT Enter Current Contract End Date <i>Prior</i> to Amendment:, 20		
Statewide Contract (OSD or an OSD-designated I		Enter Amendment Amount: \$ (or "no change")		
Collective Purchase (Attach OSD approval, scope	, budget)	AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)		
Department Procurement (includes all Grants - 81  Notice or RFR, and Response or other procureme	5 CMR 2.00) (Solicitation of supporting documentation)	Amendment to Date, Scope or Budget (Atlach update		
Emergency Contract (Attach justification for emergency Contract)	gency, scope, budget)	Interim Contract (Attach justification for Interim Contract		
Contract Employee (Attach Employment Status Fo X_ Other Procurement Exception (Attach authorizin	orm, scope, budget)	Contract Employee (Attach any updates to scope or bu Other Procurement Exception (Attach authorizing language)	udget)	
specific exemption or earmark, and exception justific	cation, scope and budget)	scope and budget)	Juage/Jusuncation and updated	
The Standard Contract Form Instructions and Cont	ractor Certifications and the fo	llowing Commonwealth Terms and Conditions document Terms and Conditions _X_Commonwealth Terms and Conditions	are incorporated by reference ions For Human and Social	
in the state accounting system by sufficient appropriation X Rate Contract. (No Maximum Obligation) Attach	ons or other non-appropriated fun details of all rates, units, calculati	thorized performance accepted in accordance with the terms of ds, subject to intercept for Commonwealth owed debts under ions, conditions or terms and any changes if rates or terms and this contract (or new total if Contract is being amended). \$	815 CMR 9 00	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 days % PPD; Payment issued within 20 days % PPD; Payment issued within 30 days % PPD. If PPD percentages are left blank, identify reason: _X_agree to standard 45 day cycle statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)				
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ANTICIPATED START DATE: (Complete ONE option only) The Department and 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 LAT	gradure date below) and <u>no</u> oblig ER than the Effective Date below	allons have been incurred <u>prior</u> to the Effective Date.  and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	Data	
X 3. were incurred as of July 1, 20 21, a date	PRIOR to the Effective Date below	w. and the parties agree that navments for any obligations inc	curred prior to the Effective Date	
are aumonzed to be made either as settlement pa	yments or as authorized reimburs	sement payments, and that the details and circumstances of a releases the Commonwealth from further claims related to the	Il obligations under this Contract	
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.				
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X:			100	

JD



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and <u>Contractor Certifications</u>, the <u>Commonwealth Terms and Conditions</u> for <u>Human and Social Services</u> or the <u>Commonwealth IT Terms and Conditions</u> which are incorporated
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Forms are also posted at OSD Forms: https://www.mass			
CONTRACTOR LEGAL NAME: TOWN OF CUMMINGTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs  MMARS Department Code: ELD	
Legal Address: (W-9, W-4): PO BOX 33, CUMMINGTON, MA 01026-0033		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: ELIOT RING	Dilly Address (if different).		
E-Mail: COA@cummington-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191760		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000006	
(Note: The Address ID must be set up for EFT paym	ients.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В
X NEW CONTRA	ст	CONTRACT AMENDMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check or		Enter Current Contract End Date Prior to Amendment:, 20	
Statewide Contract (OSD or an OSD-designated	Department)	Enter Amendment Amount: \$ (or "no change")	
Collective Purchase (Attach OSD approval, scope Department Procurement (includes all Grants - 8	e, budget)	AMENDMENT TYPE: (Check one option only. Attach d Amendment to Date, Scope or Budget (Attach updat	
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Emergency Contract (Attach justification for emergency	rgency, scope, budget)	Contract Employee (Attach any updates to scope or b	udget)
Contract Employee (Attach Employment Status F X Other Procurement Exception (Attach authorize	ing language, legislation with	Other Procurement Exception (Attach authorizing lan	iguage/justification and updated
specific exemption or earmark, and exception justi-	fication, scope and budget)	scope and budget)	
The Standard Contract Form Instructions and Cor into this Contract and are legally binding: (Check Services Commonwealth 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 ontion): The Departs	ment certifies that payments for aut	horized performance accepted in accordance with the terms	of this Contract will be supported
in the state accounting system by sufficient appropria	tions or other non-appropriated fun	ds. subject to intercept for Commonwealth owed debts unde	1 010 CIVIN 9.00.
X Rate Contract. (No Maximum Obligation) Attact	n details of all rates, units, calculation 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). \$	te being amended.)
		h EFT 45 days from invoice receipt. Contractors requesting a	accelerated payments must identify
a DDD so follows: Doymont issued within 10 days	% PPD: Payment issued within 1:	5 days % PPD: Payment issued within 20 days % PF	D; Payment issued within 30 days
% PPD If PPD percentages are left blank, identify	v 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 AMENDM	FNT: This 10-year contract will cover grant funds to municip	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	0/2022. The COAs established by
MCI provide again and support sonices to older adu	ilte their families and caregivers	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 it	nis 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.	
ANTICIPATED START DATE: (Complete ONE option	on only) The Department and Contra	ractor certify for this Contract, or Contract Amendment, that gations have been incurred prior to the Effective Date.	Dontract obligations.
1. may be incurred as of the Effective Date (latest	signature date below) and <u>no</u> oblig	y and no obligations have been incurred prior to the Effective	ve Date.
V 2 were incurred as of July 1 20 21 a day	2. may be incurred as of, 20, a date LATER than the Effective Date below and <u>no</u> obligations have been incurred <u>prior</u> to the Effective Date.  X 3. were incurred as of, 20, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date.		ncurred prior to the Effective Date
are authorized to be made either as settlement	are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this contract		
are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.			
CONTRACT END DATE: Contract performance shall terminate as of			
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:  AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:		ALTH:	
		X:	ate: 4/20/22.
X:		Signature and Date Must Be Captured	At Time of Signature)
Print Name: EL 124 DRAGEN .		Print Name: Warin Britain	1 Marion Horas
Print Title: SELECTBOARD COTAR		Print Title: Vindov of Contracts	an wellowing