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

Forms are also posted at OSD Forms: https://www.mass.gov/lists/osd-forms.				
CONTRACTOR LEGAL NAME: TOWN OF DALTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 462 MAIN ST, DALTON, MA 01226-1601		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: KELLY PIZZI	Phone: 413-684-2000	Billing Address (if different):		
E-Mail: kpizzi@dalton-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191761		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. 86	3	
_XNEW CONTRA	CT	CONTRACT AMEND		
PROCUREMENT OR EXCEPTION TYPE: (Check or		Enter Current Contract End Date <u>Prior</u> to Amendment:		
Statewide Contract (OSD or an OSD-designated		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.)		
Department Procurement (includes all Grants - 8 Notice or RFR, and Response or other procurement	ent supporting documentation)	Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for emergency Contract)	rgency, scope, budget)	_ Contract Employee (Attach any updates to scope or be		
Contract Employee (Attach Employment Status F _X_ Other Procurement Exception (Attach authorizing	ing language, legislation with	Other Procurement Exception (Attach authorizing lan		
specific exemption or earmark, and exception justit	fication, scope and budget)	scope and budget)		
The Standard Contract Form Instructions and Coninto this Contract and are legally binding: (Check Contract Commonwealth IT Terms and Conditions	ONE option): Commonwealth T	lowing Commonwealth Terms and Conditions document forms and Conditions X Commonwealth Terms and Conditions	are incorporated by reference ions For Human and Social	
COMPENSATION: (Check ONE option): The Departm	nent certifies that payments for aut	horized performance accepted in accordance with the terms	of this Contract will be supported	
in the state accounting system by sufficient appropriat	tions or other non-appropriated fundations of all rates, units, calculation	ds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms ar	e 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). \$_		
PROMPT PAYMENT DISCOUNTS (PPD): Common	wealth payments are issued through	h EFT 45 days from invoice receipt. Contractors requesting a	ccelerated payments must identify	
a PPD as follows: Payment issued within 10 days	% PPD: Payment issued within 19	5 days % PPD; Payment issued within 20 days % PP	D; Payment issued within 30 days	
% PPD. If PPD percentages are left blank, identify (subsequent payments scheduled to support standard	/ reason: X agree to standard 45 1 FET 45 day payment cycle. See F	day cyclestatutory/legal or Ready Payments (M.G.L. c. Promot Pay Discounts Policy.)	29, § 23A); only initial payment	
BRIEF DESCRIPTION OF CONTRACT PERFORMA	NCE or REASON FOR AMENDME	ENT: This 10-year contract will cover grant funds to municipal	I Councils on Aging (COA) of the	
Commonwealth authorized through the annual GAA a	and other sources. The activity perfe	ormance period for year one of this contract is 7/1/2021-6/30	/2022. The COAs established by	
census data at a current rate of \$12 per person. This	contract will cover any rate adjustr	he annual award is determined by the number of elders per r ment or increase during the 10-year period. Each municipal C	COA will complete an annual fiscal	
report describing how these grant funds were applied	. All approved obligations incurred	prior to the latest signature date are intended to be part of the	s agreement and the amount of	
the prior obligation for year one is funded in the FY22	award. The deadline to submit the	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 no oblic	ations have been incurred <u>prior</u> 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	Date.	
X 3 were incurred as of July 1 . 20 21 a date	e PRIOR to the Effective Date belo	w, and the parties agree that payments for any obligations in	curred prior to the Effective Date	
are authorized to be made either as settlement p	ayments or as authorized reimburs Acceptance of payments forever	sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the	ese obligations.	
		0 32 , with no new obligations being incurred after this da		
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	illow any close out or transition perf	formance, reporting, invoicing or final payments, or during an	y lapse between amendments.	
CERTIFICATIONS: Notwithstanding verbal or other	representations by the parties, the	e "Effective Date" of this Contract or Amendment shall be t	he latest date that this Contract or	
Amendment has been executed by an authorized signature approvals. The Contractor certifies that they have accompany	natory of the Contractor, the Depa ressed and reviewed all documents	artment, or a later Contract or Amendment Start Date specific incorporated by reference as electronically published and the	Contractor makes all certifications	
required under the Standard Contract Form Instruction	ns and Contractor Certifications un	der the pains and penalties of perjury, and further agrees to p	provide any required documentation	
upon request to support compliance, and agrees that	all terms governing performance of	of this Contract and doing business in Massachusetts are atta mmonwealth Terms and Conditions, this Standard Contract	ached or incorporated by reference	
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	
unacceptable, and additional negotiated terms, provide	ded that additional negotiated terms	s will take precedence over the relevant terms in the RFR and	d the Contractor's Response only if	
made using the process outlined in 801 CMR 21.07, I Contract.	incorporated herein, provided that a	any amended RFR or Response terms result in best value, lo	IWEI COSIS, OF A MOTE COST ETECTIVE	
AUTHORIZING SIGNATURE FOR THE CONTRACT	ΓOR:	AUTHORIZING SIGNATURE FOR THE COMMONWE	ALTH:	
	-Date: 2/24/22	X: An Da	ite: 3/9/22.	
(Signature and Date Must Be Captured	At Time of Signature)	(Signature and Date Must Be Captured A	t Time of Signature)	
Print Name: Thomas W. Hutche	Som	Print Name: Neitman	\(\frac{1}{4} \) \(\frac{1}{4} \)	
Print Title: Town Manager		X:	MUNHUY	
			*	



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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 Contractor Certifications, 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: https://www.macomptroller.org/forms.

Forms are also posted at OSD Forms: https://www.macomptroller.org/forms.

Forms are also posted at OSD Forms: https://www.mass.gov/lists/osd-forms.			
CONTRACTOR LEGAL NAME: TOWN OF DANVERS (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 1 SYLVAN ST, DANVERS, MA 01923-2790		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: PAMELA K. PARKINSON	Phone: 978-762-0208	Billing Address (if different):	
E-Mail: pparkinson@danversma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191762		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		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, scop Department Procurement (includes all Grants - 8	e, budget)	AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) Amendment to Date, Scope or Budget (Attach updated scope and budget)	
Notice or RFR, and Response or other procurement	ent supporting documentation)	Interim Contract (Attach justification for Interim Contra	act and updated scope/budget)
Emergency Contract (Attach justification for eme	rgency, scope, budget)	Contract Employee (Attach any updates to scope or b	
Contract Employee (Attach Employment Status F X Other Procurement Exception (Attach authoriz	ing language, legislation with	Other Procurement Exception (Attach authorizing lan	guage/justification and updated
specific exemption or earmark, and exception justi	fication, scope and budget)	scope and budget)	and the section will be seen as the second
The Standard Contract Form Instructions and Coninto this Contract and are legally binding: (Check Services Commonwealth IT Terms and Conditions	ONE option): Commonwealth To	lowing Commonwealth Terms and Conditions documen erms and Conditions X Commonwealth Terms and Condi	t are incorporated by reference tions For Human and Social
COMPENSATION: (Check ONE option): The Departs	ment certifies that payments for auth	norized performance accepted in accordance with the terms	of this Contract will be supported
in the state accounting system by sufficient appropria	tions or other non-appropriated fund	ds, subject to intercept for Commonwealth owed debts unde	1815 CIVIR 9.00.
X Rate Contract. (No Maximum Obligation) Attact	h details of all rates, units, calculate	ons, conditions or terms and any changes if rates or terms a this contract (or <i>new</i> total if Contract is being amended). \$	re being amended./
			accolorated payments must identify
a DDD as follows: Payment issued within 10 days	% PPD. Payment issued within 15	h EFT 45 days from invoice receipt. Contractors requesting a 5 days % PPD; Payment issued within 20 days % PP	D; Payment issued within 50 days
% PPD. If PPD percentages are left blank, identif	fy 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 standar	d EFT 45 day payment cycle. See F	Prompt Pay Discounts Policy.) ENT: 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 perfe	ormance period for year one of this contract is 7/1/2021-6/30	0/2022. The COAs established by
MCI provide cocial and cupport convices to older adu	ults their families and caregivers Th	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	d All approved obligations incurred	ment or increase during the 10-year period. Each municipal prior to the latest signature date are intended to be part of the	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 opti	on only) The Department and Contr	actor certify for this Contract, or Contract Amendment, that	Contract obligations:
1. may be incurred as of the Effective Date (latest	signature date below) and no oblig	pations have been incurred <u>prior</u> to the Effective Date.	na Data
2. may be incurred as of, 20, a date Li	A I EK than the Effective Date below	v and <u>no</u> obligations have been incurred <u>prior</u> to the Effective, and the parties agree that payments for any obligations in	ncurred prior to the Effective Date
are authorized to be made either as settlement	payments 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 sh	nall terminate as of June 30 . 20	32 , with no new obligations being incurred after this of	late 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 formance, reporting, invoicing or final payments, or during a	resolving any claim of dispute, for
Amondment has been executed by an authorized si	ignatory of the Contractor, the Department	e "Effective Date" of this Contract or Amendment shall be artment, or a later Contract or Amendment Start Date spec	iffed 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 th	le Contractor makes all certifications
required under the Standard Contract Form Instruction	one and Contractor Certifications un	der the pains and penalties of perjury, and further agrees to of this Contract and doing business in Massachusetts are at	provide any required documentation
herein according to the following hierarchy of docum	nent precedence, the applicable Co	mmonwealth Terms and Conditions, this Standard Contract	Form, the Standard Contract Form
herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Constructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Dunacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response (excluding any language stricken by a Dunacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response (excluding any language stricken by a Dunacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response (excluding any language stricken by a Dunacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response (excluding any language stricken by a Dunacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms and contractor's Response (excluding any language stricken by a Dunacceptable, and additional negotiated terms will take precedence over the relevant terms.		guage stricken by a Department as	
unacceptable, and additional negotiated terms, prov	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 CONTRAC	TOR:	AUTHORIZING SIGNATURE FOR THE COMMONWE	2/1/22
X: Tamela Ktarkenson (Signature and Date Must Be Captured	<u>4.</u> Date: <u>63/62/22</u> I At Time of Signature)	X: D (Signature and Date Must Be Captured A	ate: <u>7/9/00</u> . At Time of Signature)
Print Name: Pamela K. Parking Print Title: Director of Service 9	504.	Print Name: Awn Botham	- 1 10 mm Adv.
Print Title: Director of Senior 9	Social Services	Print Title: Ding dr 15 Contracts	And OHIO VINTERY
(A)			



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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
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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> or <u>Human and Social Services</u> or the <u>Commonwealth IT Terms and Conditions</u> which are incorporated
by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access published forms at CTR Forms: https://www.maccomptroller.org/forms.

Forms are also posted at OSD Forms: https://www.mass.gov/lists/osd-forms. CONTRACTOR LEGAL NAME: TOWN OF DARTMOUTH		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
(and d/b/a):		MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 400 SLOCUM RD, DARTMOUTH, MA 02747-3234		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: AMY DIPIETRO	Phone: 508-999-4717	Billing Address (if different):	
E-Mail: adipietro@town.dartmouth.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191765		E-Mail: <u>Stacey.oconnell@mass.gov</u>	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 0	01.	MMARS Doc ID(s): 02082200000000000006	
(Note: The Address ID must be set up for EFT p	payments.)	RFR/Procurement or Other ID Number: MGL c. 4	0 s. 8B
X NEW CONT		CONTRACT AN	
PROCUREMENT OR EXCEPTION TYPE: (Chec		Enter Current Contract End Date <u>Prior</u> to Amendment:, 20	
Statewide Contract (OSD or an OSD-designa	ated Department)	Enter Amendment Amount: \$, (or "no change")	
Callective Burchase (Attach OSD approval.)	scope, budget)	AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) Amendment to Date, Scope or Budget (Attach updated scope and budget)	
Department Procurement (includes all Grant Notice or RFR, and Response or other procu	rement supporting documentation)	Interim Contract (Attach justification for Interim	Contract and updated scope/budget)
Emergency Contract (Attach justification for	emergency, scope, budget)	Contract Employee (Attach any undates to sco	ne or budget)
Contract Employee (Attach Employment Sta	atus Form, scope, budget)	Other Procurement Exception (Attach authorize	zing language/justification and updated
X Other Procurement Exception (Attach aut specific exemption or earmark, and exception	justification, scope and budget)	scope and budget)	
		ollowing Commonwealth Terms and Conditions doc	cument are incorporated by reference
into this Contract and are legally binding: (Cr	neck ONE option) Commonwealth	Terms and Conditions X Commonwealth Terms and	Conditions for Flaman and Costa
Services Commonwealth II Terms and Cond	IIIIOIIS	the size of performance accordance with the	terms of this Contract will be supported
compensation: (Check ONE option): The De	epartment certilles that payments for a	urnonzed performance accepted in accordance with a conditions, subject to intercept for Commonwealth owed debitations, conditions or terms and any changes if rates or t	ts under 815 CMR 9.00.
A Obligation Contract Enter total	maximum obligation for total duration	Of this contract (or new total if contract is being among	
PROMPT PAYMENT DISCOUNTS (PPD): Con	nmonwealth payments are issued throu	ugh EFT 45 days from invoice receipt. Contractors reque	% PPD: Payment issued within 30 days
a PPD as follows: Payment issued within 10 d	ays% PPD; Payment issued within	ugh EFT 45 days from invoice receipt. Contractors required to the state of the first stat	.G.L. c. 29, § 23A); only initial payment
% PPD. If PPD percentages are left blank, is (subsequent payments scheduled to support sta	andard EFT 45 day payment cycle. Se	e Prompt Pay Discounts Policy.)	
PRIEE DESCRIPTION OF CONTRACT PERFO	DRMANCE or REASON FOR AMEND	MENT: This 10-year contract will cover grant funds to represent the period for year one of this contract is 7/1/20	municipal Councils on Aging (COA) of the
Commonwealth authorized through the annual	GAA and other sources. The activity p	enormance period for year error by the number of elde	ers per municipality as per the most recent
MGL provide social and support services to old	er adults, their families and caregivers	. The diffidal difference to determine the 10 year period. Each mu	inicinal COA will complete an annual fiscal
			part of this agreement and the amount of
report describing how these grant funds were a 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.	nt that Contract obligations:
ANTICIPATED START DATE: (Complete ON	E option only) The Department and Co	ontractor certify for this Contract, or Contract Amendmen	e.
1. may be incurred as of the Effective Date	(latest signature date below) and no o	bligations have been incurred <u>prior</u> to the Effective Date	Effective Date.
2. may be incurred as of, 20, a d	a date PRIOR to the Effective Date b	low and no obligations have been incurred prior to the Effective Date. lelow, and the parties agree that payments for any obligations incurred prior to the Effective Date payments, and that the details and circumstances of all obligations under this Contract	
are authorized to be made either as settle	ment payments or as authorized reimle	below, and the parties agree that payments for any oblighous bursement payments, and that the details and circumsta for releases the Commonwealth from further claims rela	ances of all obligations under this contract
CONTRACT END DATE: Contract performan	nce shall terminate as of	, 20 32 , with no new obligations being incurred aft and obligations shall survive its termination for the purperformance, reporting, invoicing or final payments, or	rpose of resolving any claim or dispute, for
amended, provided that the terms of this Cor	ntract and performance expectations of	performance, reporting, invoicing or final payments, or	during any lapse between amendments.
			shall he the latest date that this contract of
CERTIFICATIONS: Notwithstanding verbal of	r other representations by the parties	, the "Effective Date" of this Contract of Affections of Department, or a later Contract or Amendment Start Da Parts incorporated by reference as electronically published	ate specified above, subject to any required
A see the page avacuted by an author	ized signatory of the Contractor, the L		Luis Contractor makes all certifications
Amendment has been executed by an author	ave accessed and reviewed all docume	onto moorporated by total and further at	ed and the Contractor makes all certifications grees to provide any required documentation
Amendment has been executed by an author approvals. The Contractor certifies that they he required under the Standard Contract Form In	ave accessed and reviewed all documents structions and Contractor Certifications	s under the pains and penalties of perjury, and further a	ed and the Contractor makes all certifications grees to provide any required documentation tts are attached or incorporated by reference
Amendment has been executed by an author approvals. The Contractor certifies that they required under the Standard Contract Form In	ave accessed and reviewed all docum structions and Contractor Certifications ses that all terms governing performan	s under the pains and penalties of perjury, and further as the of this Contract and doing business in Massachusel	ed and the Contractor makes all certifications grees to provide any required documentation its are attached or incorporated by reference Contract Form, the Standard Contract Form
Amendment has been executed by an author approvals. The Contractor certifies that they h required under the Standard Contract Form In upon request to support compliance, and agre herein according to the following hierarchy of Instructions and Contractor Certifications, the	ave accessed and reviewed all docum- structions and Contractor Certifications ees that all terms governing performan document precedence, the applicable e Request for Response (RFR) or other	s under the pains and penalties of perjury, and further as ice of this Contract and doing business in Massachusel commonwealth Terms and Conditions, this Standard her solicitation, the Contractor's Response (excluding	ed and the Contractor makes all certifications grees to provide any required documentation its are attached or incorporated by reference Contract Form, the Standard Contract Form any language stricken by a Department as a RFR and the Contractor's Response only i
Amendment has been executed by an author approvals. The Contractor certifies that they h required under the Standard Contract Form In upon request to support compliance, and agre herein according to the following hierarchy of Instructions and Contractor Certifications, the	ave accessed and reviewed all docum- structions and Contractor Certifications ees that all terms governing performan document precedence, the applicable e Request for Response (RFR) or other	s under the pains and penalties of perjury, and further as ice of this Contract and doing business in Massachusel commonwealth Terms and Conditions, this Standard her solicitation, the Contractor's Response (excluding	ed and the Contractor makes all certifications grees to provide any required documentation its are attached or incorporated by reference Contract Form, the Standard Contract Form any language stricken by a Department as a RFR and the Contractor's Response only i
Amendment has been executed by an author approvals. The Contractor certifies that they required under the Standard Contract Form In upon request to support compliance, and agre herein according to the following hierarchy of Instructions and Contractor Certifications, the unacceptable, and additional negotiated term made using the process outlined in 801 CMR.	ave accessed and reviewed all docum- structions and Contractor Certifications ees that all terms governing performan document precedence, the applicable e Request for Response (RFR) or other	s under the pains and penalties of perjury, and further agree of this Contract and doing business in Massachusel Commonwealth Terms and Conditions, this Standard ner solicitation, the Contractor's Response (excluding erms will take precedence over the relevant terms in the that any amended RFR or Response terms result in best	and the Contractor makes all certifications grees to provide any required documentation its are attached or incorporated by reference Contract Form, the Standard Contract Form any language stricken by a Department as e RFR and the Contractor's Response only in st value, lower costs, or a more cost effective to the contractor's response only in the cost of t
Amendment has been executed by an author approvals. The Contractor certifies that they h required under the Standard Contract Form In upon request to support compliance, and agre herein according to the following hierarchy of Instructions and Contractor Certifications, the unacceptable, and additional negotiated term made using the process outlined in 801 CMR Contract. AUTHORIZING SIGNATURE FOR THE CONTRACT.	ave accessed and reviewed all documents are accessed and reviewed all documents are accessed and contractor Certifications are structions and Contractor Certifications are that all terms governing performant document precedence, the applicable are Request for Response (RFR) or other acceptance of the acceptance of th	s under the pains and penalties of perjury, and further agine of this Contract and doing business in Massachusel Commonwealth Terms and Conditions, this Standard her solicitation, the Contractor's Response (excluding erms will take precedence over the relevant terms in the chat any amended RFR or Response terms result in best	and the Contractor makes all certifications grees to provide any required documentation its are attached or incorporated by reference Contract Form, the Standard Contract Form any language stricken by a Department as e RFR and the Contractor's Response only is tvalue, lower costs, or a more cost effective IMONWEALTH:
Amendment has been executed by an author approvals. The Contractor certifies that they h required under the Standard Contract Form In upon request to support compliance, and agre herein according to the following hierarchy of Instructions and Contractor Certifications, the unacceptable, and additional negotiated term made using the process outlined in 801 CMR Contract. AUTHORIZING SIGNATURE FOR THE CONTRACT.	ave accessed and reviewed all documents are accessed and reviewed all documents are accessed and contractor Certifications are structions and Contractor Certifications are that all terms governing performant document precedence, the applicable are Request for Response (RFR) or other acceptance of the acceptance of th	s under the pains and penalties of perjury, and further agine of this Contract and doing business in Massachusel Commonwealth Terms and Conditions, this Standard her solicitation, the Contractor's Response (excluding erms will take precedence over the relevant terms in the chat any amended RFR or Response terms result in best	and the Contractor makes all certifications grees to provide any required documentation its are attached or incorporated by reference Contract Form, the Standard Contract Form any language stricken by a Department as e RFR and the Contractor's Response only is tvalue, lower costs, or a more cost effective IMONWEALTH:
Amendment has been executed by an author approvals. The Contractor certifies that they h required under the Standard Contract Form In upon request to support compliance, and agre herein according to the following hierarchy of Instructions and Contractor Certifications, the unacceptable, and additional negotiated term made using the process outlined in 801 CMR Contract. AUTHORIZING SIGNATURE FOR THE CONTRACT.	ave accessed and reviewed all documents are accessed and reviewed all documents are accessed and contractor Certifications are structions and Contractor Certifications are that all terms governing performant document precedence, the applicable are Request for Response (RFR) or other acceptance of the acceptance of th	s under the pains and penalties of perjury, and further agree of this Contract and doing business in Massachusel Commonwealth Terms and Conditions, this Standard ner solicitation, the Contractor's Response (excluding erms will take precedence over the relevant terms in the that any amended RFR or Response terms result in best AUTHORIZING SIGNATURE FOR THE COM	and the Contractor makes all certifications grees to provide any required documentation its are attached or incorporated by reference Contract Form, the Standard Contract Form any language stricken by a Department as e RFR and the Contractor's Response only its value, lower costs, or a more cost effective MONWEALTH: Date: 319172. Date: 319172. Datured At Time of Signature)
Amendment has been executed by an author approvals. The Contractor certifies that they h required under the Standard Contract Form In upon request to support compliance, and agre herein according to the following hierarchy of Instructions and Contractor Certifications, the unacceptable, and additional negotiated term made using the process outlined in 801 CMR Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR CONT	ave accessed and reviewed all documents received all documents received all terms governing performant document precedence, the applicable e Request for Response (RFR) or off s, provided that additional negotiated to 21.07, incorporated herein, provided that additional negotiated that a second provided that a second pro	s under the pains and penalties of perjury, and further agree of this Contract and doing business in Massachusel Commonwealth Terms and Conditions, this Standard ner solicitation, the Contractor's Response (excluding erms will take precedence over the relevant terms in the that any amended RFR or Response terms result in best AUTHORIZING SIGNATURE FOR THE COM	and the Contractor makes all certifications grees to provide any required documentation its are attached or incorporated by reference Contract Form, the Standard Contract Form any language stricken by a Department as e RFR and the Contractor's Response only its value, lower costs, or a more cost effective MONWEALTH: Date: 319172. Date: 319172. Datured At Time of Signature)
Amendment has been executed by an author approvals. The Contractor certifies that they h required under the Standard Contract Form In upon request to support compliance, and agre herein according to the following hierarchy of Instructions and Contractor Certifications, the unacceptable, and additional negotiated term made using the process outlined in 801 CMR Contract.	ave accessed and reviewed all document structions and Contractor Certifications esses that all terms governing performant document precedence, the applicable Request for Response (RFR) or off sprovided that additional negotiated to 1.21.07, incorporated herein, provided that additional negotiated that additional negotiated that additional negotiated that additional negotiated the service of Signature)	s under the pains and penalties of perjury, and further agice of this Contract and doing business in Massachusel Commonwealth Terms and Conditions, this Standard her solicitation, the Contractor's Response (excluding erms will take precedence over the relevant terms in the that any amended RFR or Response terms result in best AUTHORIZING SIGNATURE FOR THE COM	and the Contractor makes all certifications grees to provide any required documentation its are attached or incorporated by reference. Contract Form, the Standard Contract Form any language stricken by a Department as e RFR and the Contractor's Response only is tvalue, lower costs, or a more cost effective to the contractor. MONWEALTH: Date: 319122. Baptured At Time of Signature)



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CONTRACTOR LEGAL NAME: TOWN OF DEDHAM		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
CONTRACTOR LEGAL NAME: TOWN OF DEDHAM (and d/b/a):		MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 26 BRYANT ST, DEDHAM, MA 02026-4458		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: SHEILA PRANSKY	Phone: 781-326-1650	Billing Address (if different):	
E-Mail: spransky@dedham-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191767		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000006	
(Note: The Address ID must be set up for EFT paym	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8E	3
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	e, budget)	AMENDMENT TYPE: (Check one option only. Attach de	
Department Procurement (includes all Grants - 8 Notice or RFR, and Response or other procurement	ent supporting documentation)	Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contra	et and undated scope/budget)
Emergency Contract (Attach justification for emer	gency, scope, budget)	Contract Employee (Attach any updates to scope or bu	udget)
Contract Employee (Attach Employment Status F X Other Procurement Exception (Attach authorizi	orm, scope, budget) ng language, legislation with	Other Procurement Exception (Attach authorizing language)	
specific exemption or earmark, and exception justif	ication, scope and budget)	scope and budget)	
The Standard Contract Form Instructions and Con into this Contract and are legally binding: (Check Contracts and Conditions) Commonwealth IT Terms and Conditions	ONE option): Commonwealth T	lowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Condit	are incorporated by reference ions For Human and Social
COMPENSATION: (Check ONE option): The Department	nent certifies that payments for aut	horized performance accepted in accordance with the terms	of this Contract will be supported
in the state accounting system by sufficient appropriat	tions or other non-appropriated fun-	ds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms ar	r 815 CMR 9.00.
X Rate Contract. (No Maximum Obligation) Attack Maximum Obligation Contract. Enter total maximum	num 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			
concue data at a current rate of \$12 per person. This	contract will cover any rate adjustr . All approved obligations incurred	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
ANTICIPATED START DATE: (Complete ONE optic	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 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	and no obligations have been incurred prior to the Effective	e Date.
are authorized to be made either as settlement to	navments 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
CONTRACT END DATE: Contract performance sha	all terminate as of <u>June 30</u> , 20	0.32, with no new obligations being incurred after this doubligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	ate unless the Contract is properly resolving any claim or dispute, for
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only in made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.			
X: (Signature and Date Must Be Captured Print Name: 1000 March	7 7 1	AUTHORIZING SIGNATURE FOR THE COMMONWER X: (Signature and Date Must Be Captured A Print Name: Print Title: (Signature and Date Must Be Captured A Print Title: (Signature and Date Must Be Captured A (Signature and Date Must Be Captured A	ate: 3/9/22 t Time of Signature)



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

CONTRACTOR LEGAL NAME: TOWN OF DEERFIELD		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
(and d/b/a):		MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 8 CONWAY ST, SOUTH DEERFIELD, MA 01373-1021		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: Jennifer Remillard	Phone: 413-665-2141	Billing Address (if different):	
E-Mail: scsc@town.deerfield.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191764		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. 8E	3
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 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)	
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 justification, scope and budget) The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions document are incorporated by refereinto this Contract and are legally binding: (Check ONE option): Commonwealth Terms and Conditions X Commonwealth Terms and Conditions For Human and Social Services Commonwealth IT Terms and Conditions			ions For Human and Social
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended).			r 815 CMR 9.00. re 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 day% 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 payme (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 receiveness 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 data are intended to be part of this agreement and the amount of			D; Payment issued within 30 days 29, § 23A); only initial payment all Councils on Aging (COA) of the /2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal
the prior obligation for year one is funded in the FY22 award. The deadline to submit the signed contract is 6/30/22. MA #1. ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: _ 1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date. _ 2. may be incurred as of, 20, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date. _ X 3. were incurred as of, 20_1_, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.			e Date. curred prior to the Effective Date all obligations under this Contract
CONTRACT END DATE: Contract performance sha	all terminate as of	32 , with no new obligations being incurred after this dobligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during an	ate unless the Contract is properly resolving any claim or dispute, for
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.			
X:			Acce volting

12-5



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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: https://www.macs.gov/lists/osd-forms.

y reference herein. Additional non-conflicting terms may forms are also posted at OSD Forms: <u>https://www.mass</u>	oov/lists/osd-forms.	Lors are required to decees passion =	
CONTRACTOR LEGAL NAME: TOWN OF DENNIS		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
and d/b/a): Legal Address: (W-9, W-4): 485 MAIN ST, SOUTH DENNIS, MA 02660-3600		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: BRENDA VAZQUEZ	Phone: 508-385-5067	Billing Address (if different):	
E-Mail: bvazquez@town.dennis.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191768	T GAT	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
		CONTRACT AMEND	
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)		Enter Current Contract End Date <u>Prior</u> to Amendment: Enter Amendment Amount: \$	") details of amendment changes.) ted scope and budget) act and updated scope/budget) budget)
Other Procurement Exception (Attach authoriz	ing language, legislation with	Other Procurement Exception (Attach authorizing land scope and budget)	ilguage/justilication and updated
into this Contract and are legally binding: (Check	ntractor Certifications and the fo ONE option):Commonwealth T	llowing Commonwealth Terms and Conditions documer Ferms and Conditions X Commonwealth Terms and Cond	MICHOTOT FIRMINGS CO.
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). \$			
	III	th EET 45 days from invoice receipt. Contractors requesting	accelerated payments must identify
a PPD as follows: Payment issued within 10 days% PPD. If PPD percentages are left blank, identif (subsequent payments scheduled to support standar BRIEF DESCRIPTION OF CONTRACT PERFORM Commonwealth authorized through the annual GAA MGL provide social and support services to older ad census data, at a current rate of \$12 per person. This percent describing how these grant funds were applied.		Is days	pal Councils on Aging (COA) of the 30/2022. The COAs established by r municipality as per the most recent I COA will complete an annual fiscal
the prior obligation for year one is funded in the FY2	2 award. The deadline to submit to on only) The Department and Con	ne signed contract is 6/30/22. MA #1. tractor certify for this Contract, or Contract Amendment, that igations have been incurred prior to the Effective Date.	
2. may be incurred as of, 20, a date L	ATER than the Effective Date belo	w and <u>no</u> obligations have been incurred <u>prior</u> to the check	Illication billion to the Pheening Date
are authorized to be made either as settlement	payments or as authorized reimbut t. Acceptance of payments foreve	r releases the Commonwealth from further claims related to	these obligations.
CONTRACT END DATE: Contract performance sl amended, provided that the terms of this Contract completing any negotiated terms and warranties, to	nall terminate as of <u>June 30</u> , 2 and performance expectations an allow any close out or transition pe	20 32, with no new obligations being incurred after this d obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during.	date unless the Contract is properly of resolving any claim or dispute, for any lapse between amendments.
Amendment has been executed by an authorized sapprovals. The Contractor certifies that they have a required under the Standard Contract Form Instruction upon request to support compliance, and agrees the herein according to the following hierarchy of documents and Contractor Certifications, the Requestion of the support compliance in the support compliance.	ignatory of the Contractor, the Decessed and reviewed all documen ons and Contractor Certifications used all terms governing performancement precedence, the applicable Quest for Response (RFR) or othe vided that additional negotiated term, incorporated herein, provided that additional negotiated term, and the composition of the contract of the cont	ne "Effective Date" of this Contract or Amendment shall be partment, or a later Contract or Amendment Start Date spects incorporated by reference as electronically published and inder the pains and penalties of perjury, and further agrees to of this Contract and doing business in Massachusetts are a commonwealth Terms and Conditions, this Standard Contract resolicitation, the Contractor's Response (excluding any larms will take precedence over the relevant terms in the RFR at any amended RFR or Response terms result in best value AUTHORIZING SIGNATURE FOR THE COMMONWAY. (Signature and Date Must Be Captured Print Name:	the Contractor makes all certifications o provide any required documentation attached or incorporated by reference let Form, the Standard Contract Form nguage stricken by a Department as and the Contractor's Response only if b, lower costs, or a more cost effective
Print Title: 1002 ACL	Min 3760	Print Title: Diviller of Courage	



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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 or Human and Social Services</u> or the <u>Commonwealth IT Terms and Conditions</u> which are incorporated
by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access published forms at CTR Forms: https://www.maccomptroller.org/forms.

y reference herein. Additional non-conflicting terms may forms are also posted at OSD Forms: https://www.mass	.gov/lists/osd-forms.		
contractor Legal Name: Town of Dighton		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
and d/b/a):		MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 300 MAIN ST, DIGHTON, MA 02715-1204		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: ALICE E. SOUZA	Phone: 508-823-0095	Billing Address (if different):	
E-Mail: councilonaging@townofdighton.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191769		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	
X_ NEW CONTRA	СТ	CONTRACT AMENDMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check or		Enter Current Contract End Date <u>Prior</u> to Amendment;	, 20
Statewirle Contract (OSD or an OSD-designated	Department)	Enter Amendment Amount: \$ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)	
Collective Purchase (Attach OSD approval, scope	e, budget) 15 CMR 2.00) (Solicitation	Amendment to Date, Scope or Budget (Attach upda	ated scope and budget)
Notice or RER and Response or other procureme	ent supporting documentation)	Interim Contract (Attach justification for Interim Contr	ract and updated scope/budget)
Emergency Contract (Attach justification for emer Contract Employee (Attach Employment Status F	gency, scope, budget)	Contract Employee (Attach any updates to scope or	budget)
Other Procurement Exception (Attach authorize	ng language, legislation with	Other Procurement Exception (Attach authorizing la scope and budget)	inguage/justification and updated
specific exemption or earmark, and exception justi	ication, scope and budget)	Howing Commonwealth Terms and Conditions docume	nt are incorporated by reference
The Standard Contract Form Instructions and Contract and are legally hinding: (Check	ONE option): Commonwealth T	Ferms and Conditions X Commonwealth Terms and Cond	ditions For Human and Social
Commonwoolth IT Torms and Conditions			
COMPENSATION: (Check ONE option): The Departr	ment certifies that payments for aut	thorized performance accepted in accordance with the term	is of this Contract will be supported ler 815 CMR 9.00.
in the state accounting system by sufficient appropria	tions or other non-appropriated for high details of all rates, units, calculati	ions, conditions or terms and any changes if rates or terms	are being amended.)
Maximum Obligation Contract. Enter total maxi	mum obligation for total duration of	this contract (or new total if Contract is being amended).	
	to the second themselve	b EET 45 days from invoice receipt. Contractors requesting	accelerated payments must identify
a PPD as follows: Payment issued within 10 days _	_% PPD; Payment issued within 1	5 days % PPD; Payment issued within 20 days % P5 day cycle statutory/legal or Ready Payments (M.G.L. o	c. 29, § 23A); only initial payment
% PPD. If PPD percentages are left blank, identif	y reason: X agree to standard 4:	Prompt Pay Discounts Policy.)	
			pal Councils on Aging (COA) of the
Commonwealth authorized through the annual GAA	and other sources. The activity per	The appeal award is determined by the number of elders pe	r municipality as per the most recent
MGL provide social and support services to older additional services to older additiona	s contract will cover any rate adjust	ment or increase during the 10-year period. Each municipal	I COA will complete an annual fiscal
I the beauthers great funds were applied	All approved obligations incurred	DIDI LO LITE INCOLO SIGNALLI C CALC LI C INCOLAGO LO DE PERO	this agreement and the amount of
the prior obligation for year one is funded in the FY22	award. The deadline to submit the	tractor certify for this Contract, or Contract Amendment, that	
	cignature date below) and no obli	dations have been incurred prior to the Lifective Date.	
			live Date.
X 3. were incurred as of July 1, 20 21, a da	te PRIOR to the Effective Date bel	ow, and the parties agree that payments for any obligations	of all obligations under this Contract
are authorized to be made either as settlement	payments of as authorized reimbul Acceptance of payments forever	r releases the Commonwealth from further claims related to	these obligations.
		a aa	date liniess the Contract is broberty
amended, provided that the terms of this Contract	and performance expectations and	d obligations shall survive its termination for the purpose of	of resolving any claim or dispute, for any lapse between amendments.
completing any pegotiated terms and warranties, to	allow any close out of transition pe	Hormanice, reporting, involving or inter payments,	
CERTIFICATIONS: Notwithstanding verbal or other	r representations by the parties, the	ne "Effective Date" of this Contract or Amendment shall be partment, or a later Contract or Amendment Start Date special incorporated by reference as electronically published and	ecified above, subject to any required
Amendment has been executed by an authorized s	cessed and reviewed all document	ts incorporated by reference as electronically published and	the Contractor makes all certifications
required under the Standard Contract Form Instruction	ons and Contractor Certifications u	fuel the pairs and doing business in Massachusetts are	attached or incorporated by reference
upon request to support compliance, and agrees that	at all terms governing performance	of this Contract and doing business in this Standard Contra	act Form, the Standard Contract Form
Instructions and Contractor Certifications, the Requ	lest for Response (RFR) of other	Solicitation, the Contractor of Response (errors in the RER)	and the Contractor's Response only if
unacceptable, and additional negotiated terms, prov	ided that additional negotiated term incorporated herein, provided that	response textually any and some series of the solution of the RFR of	e, lower costs, or a more cost effective
made using the process outlined in 801 CMR 21.07 Contract.	, mostporatos notom, promasa ara		
AUTHORIZING SIGNATURE FOR THE CONTRAC	TOR:	AUTHORIZING SIGNATURE FOR THE COMMONW	GUUITZ
" Buch la Danel	Date: 5/3//2 2	X:	Date: Of Signature)
(Signature and Date Must Be Captured	At Time of Signature)	(Signature and Date Wust be Captured	
Print Name: Anabela Jowel	0 101	Print Name: AMIN Beitman Print Title: Divector of Contracts	M According
Print Title: Executive Dir	COTT	Lime ine. hi Acciss as fast and	



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

forms are also posted at OSD Forms: https://www.mas	s.gov/lists/osd-forms.		
CONTRACTOR LEGAL NAME: TOWN OF DOUGLAS		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
and d/b/a):		MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 29 DEPOT ST, EAST DOUGLAS, MA 01516-2374		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: PATRICE ROUSSEAU	Phone: 508-476-2283	Billing Address (if different):	
E-Mail: prousseau@douglas-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191770		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 payn	nents.)	RFR/Procurement or Other ID Number: MGL c. 40 s	. 8B
X NEW CONTRA	CT	CONTRACT AMEN	
PROCUREMENT OR EXCEPTION TYPE: (Check or		Enter Current Contract End Date Prior to Amendmen	t:, 20,
Statewide Contract (OSD or an OSD-designated	Department)	Enter Amendment Amount: \$ (or "no change	ge")
Collective Purchase (Attach OSD approval, scop Department Procurement (includes all Grants - §	e, budget)	AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) Amendment to Date, Scope or Budget (Attach updated scope and budget)	
Notice or RFR, and Response or other procurem	ent supporting documentation)	Interim Contract (Attach justification for Interim Con	ntract and updated scope/budget)
Emergency Contract (Attach justification for eme Contract Employee (Attach Employment Status I	ergency, scope, budget)	Contract Employee (Attach any updates to scope of	or budget)
X Other Procurement Exception (Attach authorize	zing language, legislation with	Other Procurement Exception (Attach authorizing	language/justification and updated
anneitie exemption or compart, and exception just	ification, scope and budget)	scope and budget)	ant are incorporated by reference
into this Contract and are legally binding: (Check	ONE option):Commonwealth Te	owing Commonwealth Terms and Conditions documerms and Conditions X Commonwealth Terms and Co	TOTAL CONTROL OF THE PARTY OF T
COMPANY A TION (Ob and ONE antion). The Donor	tment cortifies that navments for auth	norized performance accepted in accordance with the ter	ms of this Contract will be supported
		ds, subject to intercept for Commonwealth owed debts ur ons, conditions or terms and any changes if rates or term	
X Rate Contract. (No Maximum Obligation) Atlact	in details of all rates, utilis, calculation of	this contract (or new total if Contract is being amended).	\$ <u>.</u>
The second secon	lith a supporte are issued through	EET 45 days from invoice receipt. Contractors requesting	ng accelerated payments must identify
0/ DDD If DDD percentages are left blank identi	ty reason: X agree to standard 45	day cycle statutory/legal of Ready 1 ayrichis (W.O.E.	. C. 29, § Z3A); Only Initial payment
(subsequent payments scheduled to support standa	ANCE A DEASON FOR AMENDME	EMT · This 10-year contract will cover drant lunds to mun	icipal Councils on Aging (COA) of the
MGL provide social and support services to older ad	fults, their families and caregivers. If	nept or increase during the 10-year period. Each municit	pal COA will complete an annual fiscal
	d All approved obligations incurred i	prior to the latest signature date are intended to be part	of this agreement and the amount of
the prior obligation for your one is funded in the FV2	2 award The deadline to submit the	Signed Contract is 0/30/22. WA #1.	
ANTICIPATED START DATE: (Complete ONE opt	ton only) The Department and Contri-	actor certify for this Contract, or Contract Amendment, the pations have been incurred prior to the Effective Date.	an definition of the
0 may be insurred as of 20 a date I	ATER than the Effective Date below	and no obligations have been incurred prior to the Elle	ctive Date.
	at a para to the Effective Date help	w and the narties agree that navments for any obligation	is incurred prior to the Elective Bate
II I to be made either as cottlement	havmonte or se sumorizan reimnur	sement payments, and that the details and circumstance releases the Commonwealth from further claims related	o of all obligations are
	hall tampingto on of June 20 20	with no new obligations being incurred after th	is date unless the Contract is properly
completing any negotiated terms and warranties, to	allow any close out or transition per	formance, reporting, involcing or linal payments, or during	g any lapas sourcen amena
CERTIFICATIONS: Notwithstanding verbal or other	er representations by the parties, the	e "Effective Date" of this Contract or Amendment shall	be the latest date that this Contract or pecified above, subject to any required
		of this Contract and penalties of perjury, and further agrees of this Contract and doing business in Massachusetts and the Contract and Contract Contr	
Instructions and Contractor Certifications, the Rec	quest for Response (RFR) or other	s will take precedence over the relevant terms in the RF	R and the Contractor's Response only if
made using the process outlined in 801 CMR 21.07	, incorporated herein, provided that	any amended RFR or Response terms result in best val	ue, lower costs, or a more cost effective
Contract.		AUTHORIZING SIGNATURE FOR THE COMMON	IWEALTH.
AUTHORIZING SIGNATURE FOR THE CONTRA	CTOR:	X:	Data: 3/9/22
X: (Signature and Date Must Be Capture	Date: L/22/10/11	X: Signature and Date Must Be Cantur	ed At Time of Signature)
(Signature and Date Must be Capture	a At Time of Signature)	Print Name: Awon Bethmm	
Print Name: MATTHEW J. WOJCIK.		AS L. L.	. 4
Print Title: TOWN ADMINISTA	A1 8/2	Print Title: With the Community	and It I some



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

Forms are also posted at OSD Forms: https://www.mas	3.gov/iists/0su-i0i111s-		
CONTRACTOR LEGAL NAME: TOWN OF DOVER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 5 SPRINGDALE AVE, DOVER, MA 02030-2350		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: JANET CLAYPOOL	Phone: 508-315-5734	Billing Address (if different):	
E-Mail: coa@doverma.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191771		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
		, 20 ") letails of amendment changes.) ted scope and budget) act and updated scope/budget) budget)	
The Standard Contract Form Instructions and Con into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Conditions	The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions document are incorporated by reference into this Contract and are legally binding: (Check ONE option):Commonwealth Terms and Conditions _X_ Commonwealth Terms and Conditions For Human and Social ServicesCommonwealth IT Terms and Conditions		
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended). \$			er 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.) 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 data 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, 1201, 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.			re Date. ncurred prior to the Effective Date f all obligations under this Contract
CONTRACT END DATE: Contract performance sha amended, provided that the terms of this Contract a completing any negotiated terms and warranties, to a	all terminate as of <u>June 30</u> , 20 and performance expectations and llow any close out or transition perf	0.32 , with no new obligations being incurred after this obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during a	date unless the Contract is properly resolving any claim or dispute, for ny lapse between amendments.
Amendment has been executed by an authorized significant approvals. The Contractor certifies that they have according to the Standard Contract Form Instruction upon request to support compliance, and agrees that herein according to the following hierarchy of docum Instructions and Contractor Certifications, the Require unacceptable, and additional negotiated terms, proving made using the process outlined in 804-CMP21.07, Contract.	gnatory of the Contractor, the Departments and Contractor Certifications undurable and Contractor Certifications (RFR) or other stated that additional negotiated terms incorporated herein, provided that a Contractor Certifications undurable Contractor Certification Certification Contractor Certification Certif	Print Name: Rein Beilman	ified above, subject to any required le Contractor makes all certifications provide any required documentation tached or incorporated by reference to 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:

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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: https://www.macomptroller.org/forms.

Forms are also posted at OSD Forms: https://www.mass.gov/lists/osd-forms.			
CONTRACTOR LEGAL NAME: TOWN OF DRACUT (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 62 ARLINGTON ST, DRACUT, MA 01826-3953		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: BETHANY LOVELESS	Phone: 978-957-2611	Billing Address (if different):	
E-Mail: bloveless@dracutma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191772		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	ients.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 88	3
X NEW CONTRA	CT	CONTRACT AMEND	1808
PROCUREMENT OR EXCEPTION TYPE: (Check or	ne option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:, 20	
Statewide Contract (OSD or an OSD-designated Collective Purchase (Attach OSD approval, scop	Department)	Enter Amendment Amount: \$ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)	
Department Procurement (includes all Grants - 8	115 CMR 2.00) (Solicitation	Amendment to Date, Scope or Budget (Attach updated scope and budget)	
Notice or RFR, and Response or other procurem	ent supporting documentation)	Interim Contract (Attach justification for Interim Contra	ct and updated scope/budget)
Emergency Contract (Attach justification for eme Contract Employee (Attach Employment Status F		Contract Employee (Attach any updates to scope or b	
X Other Procurement Exception (Attach authoriz	ing language, legislation with	Other Procurement Exception (Attach authorizing lan scope and budget)	guage/justification and updated
specific exemption or earmark, and exception justi	ntractor Certifications and the fol	lowing Commonwealth Terms and Conditions document	are incorporated by reference
into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Conditions	ONE option):Commonwealth T	erms and Conditions X Commonwealth Terms and Condit	tions For Human and Social
COMPENSATION: (Check ONE option): The Departr	nent certifies that payments for auti	horized performance accepted in accordance with the terms	of this Contract will be supported
in the state accounting system by sufficient appropria X Rate Contract (No Maximum Obligation) Attack	tions or other non-appropriated fun- h details of all rates, units, calculation	ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a	re being amended.)
Maximum Obligation Contract. Enter total maxi	mum obligation for total duration of	this contract (or <i>new</i> total if Contract is being amended). \$ _	
PROMPT PAYMENT DISCOUNTS (PPD): Common	wealth payments are issued through	h EFT 45 days from invoice receipt. Contractors requesting a	ccelerated payments must identify
a PPD as follows: Payment issued within 10 days	% PPD: Payment issued within 15	5 days % PPD; Payment issued within 20 days % PP	D; Payment issued within 30 days
% PPD. If PPD percentages are left blank, identify (subsequent payments scheduled to support standard	y reason: <u>X</u> agree to standard 45 d EFT 45 day payment cycle. See F	day cycle statutory/legal or Ready Payments (M.G.L. c. Prompt Pay Discounts Policy.)	23, § 23A), offiy filled payment
BRIEF DESCRIPTION OF CONTRACT PERFORMA	NCE or REASON FOR AMENDME	ENT: This 10-year contract will cover grant funds to municipa	al Councils on Aging (COA) of the
Commonwealth authorized through the annual GAA	and other sources. The activity performs their families and caregivers. To	ormance period for year one of this contract is 7/1/2021-6/30 he annual award is determined by the number of elders per i	municipality as per the most recent
census data at a current rate of \$12 per person. This	contract will cover any rate adjustr	nent or increase during the 10-year period. Each municipal (COA will complete an annual fiscal
report describing how these grant funds were applied the prior obligation for year one is funded in the FY22	. All approved obligations incurred	prior to the latest signature date are intended to be part of the	is 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 C	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	ATER than the Effective Date below	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.
X 3. were incurred as of July 1, 20 21, a dat	e PRIOR to the Effective Date belo	w, and the parties agree that payments for any obligations ir 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	iese obligations.
CONTRACT END DATE: Contract performance sh	all terminate as of June 30 . 20	. 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 ar	resolving any claim or dispute, for
Amendment has been executed by an authorized si	anatory of the Contractor, the Department	e "Effective Date" of this Contract or Amendment shall be artment, or a later Contract or Amendment Start Date speci	fied 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	ns and Contractor Certifications un-	der the pains and penalties of perjury, and further agrees to p of this Contract and doing business in Massachusetts are att	ached or incorporated by reference
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 language stricken by a De 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		d the Contractor's Response only if	
made using the process outlined in 801 CMR 21.07	incorporated herein, provided that	any amended RFR or Response terms result in best value,	ower costs, or a more cost effective
Contract/		AUTHORITING GIONATURE FOR THE COMMONINE	AI TII.
AUTHORIZING SIGNATURE FOR THE CONTRAC	10K:	AUTHORIZING SIGNATURE FOR THE COMMONWE	-1400
X: (Signature and Date Must Be Captured	. Date:	X: Date Must Be Captured A	ate: 7/7/00 .
Print Name: Ann VANDAL	At Time of Orginature)	Print Name: NWIN Bellman	
Print Title: Town Manage	U.	Print Title: Diverties of Contracts and	Velovilla
Total Interest			//



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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 <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: https://www.macomptroller.org/forms.

Forms are also posted at OSD Forms: https://www.macomptroller.org/forms.

CONTRACTOR LEGAL NAME: TOWN OF DUDLEY (and d/b/a): Legal Address: (W-9, W-4): 71 W MAIN ST, DUDLEY, MA 01571-3264 Contract Manager: MARGARET BUSSIERE Phone: 508-949-8015 E-Mail: Administrator@dudleyma.gov Fax: Contractor Vendor Code: VC6000191773 Vendor Code Address ID (e.g. "AD001"): AD_001. (Note: The Address ID must be set up for EFT payments.)	commonwealth Terms and Conditions _X_ Commonwealth Terms and Conditions _X_ Commonwealth Terms and Conditions or terms are an any changes if rates or terms and his contract (or new total if Contract is being amended). \$_EFT 45 days from invoice receipt. Contractors requesting and days % PPD; Payment issued within 20 days % PP day cycle statutory/legal or Ready Payments (M.G.L. c.	Phone: 617-222-7419 Fax: 617-727-9368 MENT, 20) etails of amendment changes.) ed scope and budget) udget) udget) udget) udget) uguage/justification and updated tare incorporated by reference tions For Human and Social of this Contract will be supported r 815 CMR 9.00. re being amended.) ccelerated payments must identify D; Payment issued within 30 days		
Contract Manager: MARGARET BUSSIERE Phone: 508-949-8015 E-Mail: Administrator@dudleyma.gov Fax: Contractor Vendor Code: VC6000191773 Vendor Code Address ID (e.g. "AD001"): AD 001. (Note: The Address ID must be set up for EFT payments.) 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) X Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget) The Standard Contract Form Instructions and Contractor Certifications and the folic into this Contract and are legally binding: (Check ONE option): Commonwealth Teservices Commonwealth IT Terms and Conditions COMPENSATION: (Check ONE option): The Department certifies that payments for author the state accounting system by sufficient appropriations or other non-appropriated fund. X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculation Maximum Obligation Contract. Enter total maximum obligation for total duration of the PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through a PPD as follows: Payment issued within 10 days % PPD; Payment issued within 15 % PPD. If PPD percentages are left blank, identify reason: X_agree to standard 45 c (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Pr BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT.	Billing Address (if different): Contract Manager: Stacey Anne O'Connell E-Mail: Stacey.oconnell@mass.gov MMARS Doc ID(s): 020822000000000000006 RFR/Procurement or Other ID Number: MGL c. 40 s. 8	Phone: 617-222-7419 Fax: 617-727-9368 MENT, 20) etails of amendment changes.) ed scope and budget) ict and updated scope/budget) udget) iguage/justification and updated t are incorporated by reference tions For Human and Social of this Contract will be supported r g15 CMR 9.00. re being amended.) ccelerated payments must identify D; Payment issued within 30 days		
E-Mail: Administrator@dudleyma.gov Contractor Vendor Code: VC6000191773 Vendor Code Address ID (e.g. "AD001"): AD 001. (Note: The Address ID must be set up for EFT payments.)	Contract Manager: Stacey Anne O'Connell E-Mail: Stacey.oconnell@mass.gov MMARS Doc ID(s): 0208220000000000000006 RFR/Procurement or Other ID Number: MGL c. 40 s. 81	Fax: 617-727-9368 B MENT, 20 etails of amendment changes.) ed scope and budget) act and updated scope/budget) udget) guage/justification and updated t are incorporated by reference tions For Human and Social of this Contract will be supported of 815 CMR 9.00. re being amended.) ccelerated payments must identify D; Payment issued within 30 days		
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Commonwealth authorized through the annual GAA and other sources. The activity perform	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			
MGL provide social and support services to older adults, their families and caregivers. The				
census data, at a current rate of \$12 per person. This contract will cover any rate adjustment	ent or increase during the 10-year period. Each municipal C	COA will complete an annual fiscal		
report describing how these grant funds were applied. All approved obligations incurred pr the prior obligation for year one is funded in the FY22 award. The deadline to submit the		is agreement and the amount of		
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contract		Contract obligations:		
1. may be incurred as of the Effective Date (latest signature date below) and <u>no</u> obligation		orna act obligations.		
2. may be incurred as of, 20, a date LATER than the Effective Date below a	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective			
X 3. were incurred as of July 1, 20 21, a date PRIOR to the Effective Date below	, and the parties agree that payments for any obligations in	curred prior to the Effective Date		
are authorized to be made either as settlement payments or as authorized reimburse are attached and incorporated into this Contract. Acceptance of payments forever re	ement payments, and that the details and circumstances of a eleases the Commonwealth from further claims related to the	all obligations under this Contract ese obligations.		
CONTRACT END DATE: Contract performance shall terminate as ofJune 30_, 20_3				
amended, provided that the terms of this Contract and performance expectations and o completing any negotiated terms and warranties, to allow any close out or transition performance.	obligations shall survive its termination for the purpose of r	resolving any claim or dispute, for		
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE CONTRACTOR: AUTHORIZING SIGNATURE FOR THE CONTRACTOR:				
AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X:				



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

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CONTRACTOR LEGAL NAME: TOWN OF DUNSTABLE		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
(and d/b/a):		MMARS Department Code: ELD Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Legal Address: (W-9, W-4): 511 MAIN ST, DUNSTAB	COLOR DE LA COLOR	Billing Address (if different):	
Contract Manager: ANNE FENOCHETTI	Phone: 978-649-4514	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
E-Mail: afenochetti@Dunstable-ma.gov	Fax:	E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Contractor Vendor Code: VC6000191774		MMARS Doc ID(s): 0208220000000000000	1 ux, 011 121 0000
Vendor Code Address ID (e.g. "AD001"): AD <u>001 .</u> (Note: The Address ID must be set up for EFT paym	onte))
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Emergency Contract (Attach justification for emergency Contract Employee (Attach Employment Status F X Other Procurement Exception (Attach authorizing Specific exemption or earmark, and exception justification in the contract of the co	gency, scope, budget) orm, scope, budget) ng language, legislation with ication, scope and budget)	 Contract Employee (Attach any updates to scope or be Other Procurement Exception (Attach authorizing langescope and budget) 	udget) guage/justification and updated
into this Contract and are legally binding: (Check of Services Commonwealth IT Terms and Conditions	ONE option): Commonwealth I	lowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Condit	ions for Human and oodar
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). \$			
(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 recensus data, at a current rate of \$12 per person. This contract will cover any rate adjustment or increase during the 10-year period. Each municipal COA will complete an annual 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			municipality as per the most recent COA will complete an annual fiscal
the prior obligation for year one is funded in the FY22 award. The deadline to submit the signed contract is 6/30/22. MA #1. ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:			
1 may be incurred as of the Effective Date (latest	signature date below) and no oblig	gations have been incurred prior to the Effective Date.	
X 3. were incurred as of July 1, 20 21, a dat	e PRIOR to the Effective Date belo	w and <u>no</u> obligations have been incurred <u>prior</u> to the Effective bow, and the parties agree that payments for any obligations in sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the	all obligations under this Contract
CONTRACT END DATE: Contract performance sh amended, provided that the terms of this Contract a completing any negotiated terms and warranties, to a	all terminate as of <u>June 30</u> , 2 and performance expectations and allow any close out or transition per	0_32, with no new obligations being incurred after this d I obligations shall survive its termination for the purpose of formance, reporting, invoicing or final payments, or during ar	late unless the Contract is properly resolving any claim or dispute, for ny lapse between amendments.
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only 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 CONTRAC X: (Signature and Date Must Be Captured Print Name: Print Title:	. Date: 216. 7 C	AUTHORIZING SIGNATURE FOR THE COMMONWE X:	ALTH: ate: 3/9/22 At Time of Signature)
			· []. []

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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: https://www.macs.nowlitish/ord-forms.

by reference herein. Additional non-conflicting terms may Forms are also posted at OSD Forms: https://www.mass		tors are required to access published forms at CTR Forms: no	tps://www.macomptroller.org/forms	
CONTRACTOR LEGAL NAME: TOWN OF DUXBURY		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs		
(and d/b/a):		MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 878 TREMONT ST, DUXBURY, MA 02332-4455		Business Mailing Address: 1 Ashburton PI, Boston M	A 02108	
Contract Manager: JOANNE MOORE	Phone: 781-934-5774	Billing Address (if different):		
E-Mail: JoanneMoore@duxburycoa.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191775		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000006		
(Note: The Address ID must be set up for EFT paym	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 88	В	
X NEW CONTRAC	СТ	CONTRACT AMEND	MENT	
PROCUREMENT OR EXCEPTION TYPE: (Check on	e option only)	Enter Current Contract End Date Prior to Amendment:		
Statewide Contract (OSD or an OSD-designated I		Enter Amendment Amount: \$ (or "no change")		
Collective Purchase (Attach OSD approval, scope Department Procurement (includes all Grants - 8		AMENDMENT TYPE: (Check one option only. Attach de		
Notice or RFR, and Response or other procureme	ent supporting documentation)	Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contra		
Emergency Contract (Attach justification for emer		Contract Employee (Attach any updates to scope or bi		
Contract Employee (Attach Employment Status F- _X_ Other Procurement Exception (Attach authorizing)		Other Procurement Exception (Attach authorizing land		
specific exemption or earmark, and exception justif	ication, scope and budget)	scope and budget)		
The Standard Contract Form Instructions and Con into this Contract and are legally binding: (Check C Services Commonwealth IT Terms and Conditions	ONE option):Commonwealth T	lowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Condit	are incorporated by reference alons For Human and Social	
		norized performance accepted in accordance with the terms		
		ds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms ar		
		this contract (or new total if Contract is being amended). \$_		
		n EFT 45 days from invoice receipt. Contractors requesting at	ccelerated payments must identify	
a PPD as follows: Payment issued within 10 days	% PPD; Payment issued within 15	5 days % PPD; Payment issued within 20 days % PP	D; Payment issued within 30 days	
% PPD. If PPD percentages are left blank, identify (subsequent payments scheduled to support standard		day cycle statutory/legal or Ready Payments (M.G.L. c.	29. § 23A); only initial payment	
Contract to the contract to th		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	nd other sources. The activity perfo	ormance period for year one of this contract is 7/1/2021-6/30.	/2022. The COAs established by	
		ne annual award is determined by the number of elders per n nent or increase during the 10-year period. Each municipal C		
report describing how these grant funds were applied.	All approved obligations incurred	prior to the latest signature date are intended to be part of thi		
the prior obligation for year one is funded in the FY22			N	
1. may be incurred as of the Effective Date (latest	7.7	actor certify for this Contract, or Contract Amendment, that C	ontract obligations:	
	,	and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	e Date.	
X 3. were incurred as of July 1, 20 21, a date	PRIOR to the Effective Date below	w, and the parties agree that payments for any obligations in	curred prior to the Effective Date	
		ement payments, and that the details and circumstances of a releases the Commonwealth from further claims related to the		
	The second secon	32 , with no new obligations being incurred after this da		
amended, provided that the terms of this Contract a	nd performance expectations and	obligations shall survive its termination for the purpose of	resolving any claim or dispute, for	
completing any negotiated terms and warranties, to al	low any close out or transition perf	ormance, reporting, invoicing or final payments, or during an	y lapse between amendments.	
		"Effective Date" of this Contract or Amendment shall be t		
		artment, or a later Contract or Amendment Start Date specific		
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 refere 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 s				
unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over		will take precedence over the relevant terms in the RFR and	d the Contractor's Response only if	
made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.				
AUTHORIZING SIGNATURE FOR THE CONTRACT	OR:	AUTHORIZING SIGNATURE FOR THE COMMONWEA	ALTH:	
X: Kig Jakes (Signature and Date Must Be Captured A	Date: 2/16/22	X: MM M. Da	te: 3/9/22	
	At Time of Signature)	X: Da (Signature and Date Must Be Captured Af	Time of Signature)	
Print Name: Mr. Rene' J. Read		Print Name: Navon Bellman Print Title: Divertor of contracts m	<u> </u>	
Print Title:Town Manager		Print Title: UNLANDE UN LONG MA	11) Melova Hag	



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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: https://www.macs.gov/lists/osd-forms.
Forms are also posted at OSD Forms: https://www.macs.gov/lists/osd-forms.

Forms are also posted at OSD Forms: https://www.mass	s.gov/iists/osd-forms.			
CONTRACTOR LEGAL NAME: TOWN OF EAST BRIDGEWATER (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 175 CENTRAL ST, E BR	DGEWATER, MA 02333-1912	Business Mailing Address: 1 Ashburton PI, Boston M	A 02108	
Contract Manager: NANCY G. HILL Phone: 508-378-1610		Billing Address (if different):		
E-Mail: nhill@ebmass.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191776		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000007		
(Note: The Address ID must be set up for EFT paym	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В	
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) Statewide Contract (OSD or an OSD-designated Department) Collective Purchase (Attach OSD approval, scope, budget) Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation 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 of ServicesCommonwealth IT Terms and Conditions	DNE option): <u>Commonwealth To</u>	lowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Conditions	tions For Human and Social	
in the state accounting system by sufficient appropriat X Rate Contract. (No Maximum Obligation) Attach	compensation: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. X Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended).			
a PPD as follows: Payment issued within 10 days _	% PPD; Payment issued within 15 reason: X agree to standard 45	n EFT 45 days from invoice receipt. Contractors requesting a 5 days % PPD; Payment issued within 20 days % PP day cycle statutory/legal or Ready Payments (M.G.L. c. Prompt Pay Discounts Policy.)	PD; Payment issued within 30 days	
Commonwealth authorized through the annual GAA a MGL provide social and support services to older adu census data, at a current rate of \$12 per person. This	nd other sources. The activity perfo lts, their families and caregivers. Th contract will cover any rate adjustn . All approved obligations incurred	ENT: This 10-year contract will cover grant funds to municipal primance period for year one of this contract is 7/1/2021-6/30 ne annual award is determined by the number of elders per prince of increase during the 10-year period. Each municipal of prior to the latest signature date are intended to be part of the signed contract is 6/30/22. MA #2.	0/2022. The COAs established by municipality as per the most recent COA will complete an annual fiscal	
1. may be incurred as of the Effective Date (latest2. may be incurred as of, 20, a date LAX_3. were incurred as of1, 20 21, a date are authorized to be made either as settlement p	signature date below) and <u>no</u> oblig TER than the Effective Date below e PRIOR to the Effective Date below ayments or as authorized reimburs	actor certify for this Contract, or Contract Amendment, that Cations have been incurred <u>prior</u> to the Effective Date. I and <u>no</u> obligations have been incurred <u>prior</u> to the Effective, and the parties agree that payments for any obligations in the payments, and that the details and circumstances of releases the Commonwealth from further claims related to the	e Date. ncurred prior to the Effective Date all obligations under this Contract	
amended, provided that the terms of this Contract a	nd performance expectations and	32 , with no new obligations being incurred after this dobligations shall survive its termination for the purpose of ormance, reporting, invoicing or final payments, or during an	resolving any claim or dispute, for	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment 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:		ite: <u>99/02</u> . t Time of Signature) M. Allo vulley		



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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.

-orms are also posted at OSD Forms, https://www.mass	AGOVITIO COLOTTO		
CONTRACTOR LEGAL NAME: TOWN OF EAST BROOKFIELD (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 122 CONNIE MACK DR, 1802	E BROOKFIELD, MA 01515-	Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: CHERYL BRODAK	Phone: 508-867-0166	Billing Address (if different):	
E-Mail: eastbrookfieldsc@yahoo.com	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191777		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000007	
(Note: The Address ID must be set up for EFT paym	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В
_X NEW CONTRA	СТ	CONTRACT AMEND	MENT
PROCUREMENT OR EXCEPTION TYPE: (Check on		Enter Current Contract End Date Prior to Amendment:	
Statewide Contract (OSD or an OSD-designated	Department)	Enter Amendment Amount: \$ (or "no change"	
Collective Purchase (Attach OSD approval, scope Department Procurement (includes all Grants - 8	e, budget)	AMENDMENT TYPE: (Check one option only. Attach d Amendment to Date, Scope or Budget (Attach update	etails of amendment changes.)
Notice or RFR, and Response or other procureme	ent supporting documentation)	Interim Contract (Attach justification for Interim Contra	act and updated scope/budget)
Emergency Contract (Attach justification for emer	gency, scope, budget)	Contract Employee (Attach any updates to scope or b	oudget)
Contract Employee (Attach Employment Status F X Other Procurement Exception (Attach authorizi	ng language, legislation with	Other Procurement Exception (Attach authorizing lar	iguage/justification and updated
specific exemption or earmark, and exception justif	ication, scope and budget)	scope and budget)	
The Standard Contract Form Instructions and Con into this Contract and are legally binding: (Check Contracts 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: (Chack ONE option): The Departr	nent certifies that payments for aut	horized performance accepted in accordance with the terms	of this Contract will be supported
in the state accounting eyetem by sufficient appropria	tions or other non-appropriated tun	ds, subject to intercept for Commonwealth owed debts unde ons, conditions or terms and any changes if rates or terms a	010 CIVIN 9.00.
X Rate Contract. (No Maximum Obligation) Attack Maximum Obligation Contract. Enter total maximum	num obligation for total duration of	this contract (or <i>new</i> total if Contract is being amended). \$	
		h EFT 45 days from invoice receipt. Contractors requesting a	
a DDD as follows: Daymont issued within 10 days	% PPD: Payment issued within 1	5 days % PPD: Payment issued within 20 days % Pr	D, Payment issued willing 30 days
% PPD. If PPD percentages are left blank, identify (subsequent payments scheduled to support standard	reason: X agree to standard 45	day cycle statutory/legal or Ready Payments (M.G.L. C.	29, § 23A); only initial payment
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report describing how these grant funds were applied	. All approved obligations incurred	I prior to the latest signature date are intended to be part of t	his agreement and the amount of
the prior obligation for year one is funded in the FY22	award. The deadline to submit th	e signed contract is 6/30/22. MA #2.	
ANTICIPATED START DATE: (Complete ONE option	on only) The Department and Cont signature date below) and no oblid	ractor certify for this Contract, or Contract Amendment, that gations have been incurred prior to the Effective Date.	Contract obligations.
2 may be incurred as of	ATER than the Effective Date below	w and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	/e Date.
V 2 were incurred as of July 1 20 21 a dat	a PRIOR to the Effective Date held	nw 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	payments or as authorized reimbur	sement payments, and that the details and circumstances o releases the Commonwealth from further claims related to t	fall obligations under this contract
are attached and incorporated into this Contract	all terminate as of June 30 2	0 32, with no new obligations being incurred after this of	date unless the Contract is properly
amonded provided that the terms of this Contract a	and performance expectations and	obligations shall survive its termination for the purpose of	resolving any 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	iny tapse between amendments.
CERTIFICATIONS: Notwithstanding verbal or other	representations by the parties, th	e "Effective Date" of this Contract or Amendment shall be	the latest date that this Contract or
Amendment has been executed by an authorized si	gnatory of the Contractor, the Dep	artment, or a later Contract or Amendment Start Date spec s incorporated by reference as electronically published and the	ne Contractor makes all certifications
required under the Standard Contract Form Instruction	ons and Contractor Certifications un	nder the pains and penalties of perjury, and further agrees to	provide any required documentation
upon request to support compliance, and agrees tha	t all terms governing performance	of this Contract and doing business in Massachusetts are a ommonwealth Terms and Conditions, this Standard Contrac	tached or incorporated by reference t Form, the Standard Contract Form
Instructions and Contractor Cartifications, the Regul	jest for Response (RFR) or other	solicitation, the Contractor's Response (excluding any lan	guage stricken by a Department as
unaccentable and additional pagetiated terms provi	ded that additional negotiated term	is will take precedence over the relevant terms in the RFR a any amended RFR or Response terms result in best value,	nd the Contractor's Response only if
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AUTHORIZING SIGNATURE FOR THE CONTRAC	TOR:	AUTHORIZING SIGNATURE FOR THE COMMONWE	EALTH:
x was tal	. Date: 4 17 22	x: MM 3. MM	late: <u>19172</u>
X: (Signature and Date Must Be Captured	At Time of Signature)	(Signature and Date Must Be Captured	At Time of Signature)
Print Name: Chary Char-Br	odak	Print Name: Name: 13617man	i A con Mac
AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: (Signature and Date Must Be Captured At Time of Signature) Print Name: Print Title: Print Title: AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: (Signature and Date Must Be Captured At Time of Signature) Print Title: Print Title: Director of Commonwealth: X: (Signature and Date Must Be Captured At Time of Signature) Print Title: Print Title: Director of Commonwealth: X: (Signature and Date Must Be Captured At Time of Signature)		MI MUNICIPALITY	



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Legal Address: (W-9, W-4): 60 CENTER SQ, E LONGMEADOW, MA 01028-2457		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: ERIN KOEBLER	Phone: 413-525-5436	Billing Address (if different):	
E-Mail: erin.koebler@eastlongmeadowma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191778		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 020822000000000000007	-
(Note: The Address ID must be set up for EFT paym	nents.)	RFR/Procurement or Other ID Number: MGL c. 40	s. 8B
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into this Contract and are legally binding: (Check Services Commonwealth IT Terms and Conditions COMPENSATION: (Check ONE option): The Department	ntractor Certifications and the fol ONE option):Commonwealth T it ment certifies that payments for aut	llowing Commonwealth Terms and Conditions docu erms and Conditions X Commonwealth Terms and Conditions are commonwealth Terms and Conditions are considered in accordance with the terms.	onditions For Human and Social errns of this Contract will be supported
X Rate Contract. (No Maximum Obligation) Attac	h details of all rates, units, calculation	ds, subject to intercept for Commonwealth owed debts ons, conditions or terms and any changes if rates or ter this contract (or new total if Contract is being amended	ms are being amended.)
a PPD as follows: Payment issued within 10 days _	_% PPD; Payment issued within 19 yreason: _X_agree to standard 45	h EFT 45 days from invoice receipt. Contractors request 5 days % PPD; Payment issued within 20 days ' day cycle statutory/legal or Ready Payments (<u>M.G.</u> Prompt Pay Discounts Policy.)	% PPD; Payment issued within 30 days
Commonwealth authorized through the annual GAA a MGL provide social and support services to older adu census data, at a current rate of \$12 per person. This	and other sources. The activity perfults, their families and caregivers. The contract will cover any rate adjustre. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to mu ormance period for year one of this contract is 7/1/2021 he annual award is determined by the number of elders ment or increase during the 10-year period. Each munic prior to the latest signature date are intended to be par e signed contract is 6/30/22. MA #2.	-6/30/2022. The COAs established by per municipality as per the most recent ipal COA will complete an annual fiscal
ANTICIPATED START DATE: (Complete ONE optic	on only) The Department and Contractions only) The Department and no oblighter than the Effective Date below by PRIOR to the Effective Date below by PRIOR to the Effective Date below by PRIOR to the Effective Date below the Date below that the Date below the Da	actor certify for this Contract, or Contract Amendment, pations have been incurred <u>prior</u> to the Effective Date. If and <u>no</u> obligations have been incurred <u>prior</u> to the Effective, and the parties agree that payments for any obligations that the details and circumstance releases the Commonwealth from further claims related	ective Date. Ins incurred prior to the Effective Date as of all obligations under this Contract
CONTRACT END DATE: Contract performance she amended, provided that the terms of this Contract a	all terminate as of <u>June 30</u> , 20 and performance expectations and	32 , with no new obligations being incurred after to obligations shall survive its termination for the purpos formance, reporting, invoicing or final payments, or during the control of t	nis date unless the Contract is properly e of resolving any claim or dispute, for
Amendment has been executed by an authorized sig approvals. The Contractor certifies that they have acc required under the Standard Contract Form Instruction	gnatory of the Contractor, the Depa essed and reviewed all documents as and Contractor Certifications und all terms governing performance of	e "Effective Date" of this Contract or Amendment shall artment, or a later Contract or Amendment Start Date sincorporated by reference as electronically published and der the pains and penalties of perjury, and further agree of this Contract and doing business in Massachusetts artmmonwealth Terms and Conditions, this Standard Con	pecified above, subject to any required at the Contractor makes all certifications is to provide any required documentation to attached or incorporated by reference



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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: https://www.maccomptroller.org/forms.
Forms are also posted at OSD Forms: https://www.maccomptroller.org/forms.

Forms are also posted at OSD Forms: https://www.mas				
CONTRACTOR LEGAL NAME: TOWN OF EASTHAM (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 2500 STATE HWY, EASTHAM, MA 02642-2589		Business Mailing Address: 1 Ashburton PI, Boston MA 02108		
Contract Manager: DOROTHY BURRITT	Phone: 508-255-6164	Billing Address (if different):		
E-Mail: coadirector@eastham-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191779		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 020822000000000000007		
(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 AMENU	DMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check or	983 94 12	Enter Current Contract End Date Prior to Amendment:		
Statewide Contract (OSD or an OSD-designated	and 100 and 100	Enter Amendment Amount: \$ (or "no change		
Collective Purchase (Attach OSD approval, scope		AMENDMENT TYPE: (Check one option only. Attach		
Department Procurement (includes all Grants - 8 Notice or RFR, and Response or other procurement		Amendment to Date, Scope or Budget (Attach upda Interim Contract (Attach justification for Interim Cont	The state of the s	
Emergency Contract (Attach justification for emer		Contract Employee (Attach any updates to scope or		
Contract Employee (Attach Employment Status F X Other Procurement Exception (Attach authorizi		Other Procurement Exception (Attach authorizing la		
specific exemption or earmark, and exception justif		scope and budget)		
	ONE option):Commonwealth T	lowing Commonwealth Terms and Conditions docume erms and Conditions X Commonwealth Terms and Conditions		
in the state accounting system by sufficient appropriat X Rate Contract. (No Maximum Obligation) Attact	tions or other non-appropriated fund n details of all rates, units, calculation	norized performance accepted in accordance with the term ds, subject to intercept for Commonwealth owed debts und ons, conditions or terms and any changes if rates or terms this contract (or new total if Contract is being amended). \$	ler <u>815 CMR 9.00</u> . are being amended.)	
		n EFT 45 days from invoice receipt. Contractors requesting		
a PPD as follows: Payment issued within 10 days	_% PPD; Payment issued within 19 reason: _X_agree to standard 45	5 days % PPD; Payment issued within 20 days % P day cycle statutory/legal or Ready Payments (M.G.L. o	PPD; Payment issued within 30 days	
BRIEF DESCRIPTION OF CONTRACT PERFORMA Commonwealth authorized through the annual GAA a MGL provide social and support services to older adu census data, at a current rate of \$12 per person. This	NCE or REASON FOR AMENDMI nd other sources. The activity perfilts, their families and caregivers. The contract will cover any rate adjustre. All approved obligations incurred	ENT: This 10-year contract will cover grant funds to munici ormance period for year one of this contract is 7/1/2021-6/3 he annual award is determined by the number of elders per nent or increase during the 10-year period. Each municipal prior to the latest signature date are intended to be part of	30/2022. The COAs established by r municipality as per the most recent I COA will complete an annual fiscal	
		actor certify for this Contract, or Contract Amendment, that	Contract obligations:	
1 () () () () () () () () () (. N.T	ations have been incurred <u>prior</u> to the Effective Date.		
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effecti w, and the parties agree that payments for any obligations		
are authorized to be made either as settlement p	ayments or as authorized reimburs	sement payments, and that the details and circumstances of	of all obligations under this Contract	
		releases the Commonwealth from further claims related to		
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:				
(Signature and Date Must Be Captured	At Time of Signature)	(Signaline and Date Must Be Captured	Oate: ////// At Time of Signature)	
Print Name: Jacqueline M	Been	Print Name: Aaron Beitman	 	
Print Title: 1 / / / / / / / / / / / / / / / / / /		ts and Helovating		

KH

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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 Standard Contract Form Instructions
and Contractor Certifications, the Commonwealth Terms and Conditions for Human and Social Services or the Commonwealth IT Terms and Conditions which are incorporated by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access published forms at CTR Forms: https://www.mass.gov/lists/oscl-forms.

Forms are also posted at OSD Forms: https://www.mass.gov/lists/oscl-forms.

Forms are also posted at OSD Forms: https://www.mass.gov/lists/osd-forms.				
CONTRACTOR LEGAL NAME: CITY OF EASTHAMPTON (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 50 PAYSON AVE, EASTHAMPTON, MA 01027-2255		Business Mailing Address: 1 Ashburton PI, Boston M	A 02108	
Contract Manager: CYNTHIA TARAIL	Phone: 413-527-6151	Billing Address (if different):		
E-Mail: ctarail@easthamptonma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191781		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 0208220000000000007		
(Note: The Address ID must be set up for EFT paym	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8B	3	
X NEW CONTRAC	СТ	CONTRACT AMENDA		
PROCUREMENT OR EXCEPTION TYPE: (Check on		Enter Current Contract End Date <u>Prior</u> to Amendment:	20	
Statewide Contract (OSD or an OSD-designated [Department)	Enter Amendment Amount: \$ (or "no change")		
Collective Purchase (Attach OSD approval, scope	, budget)	AMENDMENT TYPE: (Check one option only, Attach de		
Department Procurement (includes all Grants - 81 Notice or RFR, and Response or other procureme	nt supporting documentation)	Amendment to Date, Scope or Budget (Attach update	ed scope and budget)	
Emergency Contract (Attach justification for emercent	gency, scope, budget)	Interim Contract (Attach justification for Interim Contract	ct and updated scope/budget)	
Contract Employee (Attach Employment Status FoX_Other Procurement Exception (Attach authorizin	orm, scope, budget)	Contract Employee (Attach any updates to scope or bu	idget)	
specific exemption or earmark, and exception justific	cation, scope and budget)	Other Procurement Exception (Attach authorizing lang scope and budget)	Juage/Justification and updated	
The Standard Contract Form Instructions and Continto this Contract and are legally binding: (Check O ServicesCommonwealth IT Terms and Conditions	ractor Certifications and the follows option):Commonwealth 1	llowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Conditions	are incorporated by reference ons For Human and Social	
COMPENSATION: (Check ONE option): The Departm	ent certifies that payments for aut	horized performance accepted in accordance with the terms of	of this Contract will be supported	
in the state accounting system by sufficient appropriation	ons of other non-appropriated tun	ids subject to intercent for Commonwealth award dobts under	94E CMD 0 00	
A Nate Contract, (No Maximum Obligation) Attach	details of all rates, units, calculati	ons, conditions or terms and any changes if rates or terms are	e being amended.)	
		this contract (or <i>new</i> total if Contract is being amended). \$		
a PPD as follows: Payment issued within 10 days	ealth payments are issued through % PPD: Payment issued within 1.	h EFT 45 days from invoice receipt. Contractors requesting ac 5 days % PPD; Payment issued within 20 days % PPD	celerated payments must identify	
	reason: A agree to standard 45	day cycle statuton/legal or Ready Payments (M.C.L. o. 3	29, § 23A): only initial payment	
(odbacquent payments achequied to support standard	Er i 45 day payment cycle. See F	Prompt Pay Discounts Policy.)		
Commonwealth authorized through the annual GAA an	CE or REASON FOR AMENDME of other sources. The activity perf	ENT: This 10-year contract will cover grant funds to municipal ormance period for year one of this contract is 7/1/2021-6/30//	Councils on Aging (COA) of the	
Wor provide social and support services to older adults	s, their lamilles and caregivers. It	he annual award is determined by the number of olders per m	unicipality on partha most recent	
consus data, at a current rate of \$12 per person. This c	contract will cover any rate adjustn	nent or increase during the 10-year period. Each municipal Co	OA will complete an annual fiscal	
the prior obligation for year one is funded in the FY22 a	ward. The deadline to submit the	prior to the latest signature date are intended to be part of this signed contract is 6/30/22 MA #2	s agreement and the amount of	
ANTICIPATED START DATE: (Complete ONE option	only) The Department and Contra	actor certify for this Contract, or Contract Amendment, that Co	ontract obligations:	
1. may be incurred as of the Effective Date (latest si	gnature date below) and no oblig	ations have been incurred prior to the Effective Date		
2. may be incurred as of, 20, a date LAT	ER than the Effective Date below	and no obligations have been incurred prior to the Effective	Date.	
3. Were incurred as of <u>July 1</u> , 20 21, a date	PRIOR to the Effective Date below	w, and the parties agree that payments for any obligations inc	urred prior to the Effective Date	
are attached and incorporated into this Contract.	Acceptance of payments forever r	ement 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 June 30 20	32 with no new obligations being incurred after this dat	to unless the Contract is seen to	
amonaca, provided that the terms of this contract and	d performance expectations and	Obligations shall survive its termination for the purpose of re-	coluing any plains or dianute for	
completing any negotiated terms and warranties, to allo	ow any close out or transition perfo	ormance, reporting, invoicing or final payments, or during any	lapse between amendments.	
CERTIFICATIONS: Notwithstanding verbal or other re	presentations by the parties, the	"Effective Date" of this Contract or Amendment shall be the	e latest date that this Contract or	
approvals. The contractor certiles that they have access	sseu and reviewed all documents	rtment, or a later Contract or Amendment Start Date specific incorporated by reference as electronically published and the	Contractor makes all contifications	
required under the Standard Contract Form Instructions	and Contractor Certifications and	ler the nains and nenalties of periun, and further agrees to pro	wide any required decommentation	
aport request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached as 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, the Standard Contract Form, 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.	orporated herein, provided that a	ny amended RFR or Response terms result in best value, low	er costs, or a more cost effective	
AUTHORIZING SIGNATURE FOR THE CONTRACTO	R: / (I	AUTHORIZING SIGNATURE FOR THE COMMONWEAL	ты∙	
x /)///×	Date: 2 23 77	v. //11911	2/4/22	
(Signature and Date Must Be Captured At	Time of Signature)	X:	Time of Signature)	
Print Name:	It stanelle	Print Name: Harrn Bellman	or orginature)	
Print Title: Wall DO		Print Title: Phyller Ut lunivate and	Thewarden	



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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 Standard Contract Form Instructions
and Contractor Certifications, the Commonwealth Terms and Conditions for Human and Social Services or the Commonwealth IT Terms and Conditions which are incorporated
by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access published forms at CTR Forms: https://www.macomptroller.org/forms.
Forms are also posted at OSD Forms: https://www.macomptroller.org/forms.

CONTRACTOR LEGAL NAME: TOWN OF EASTON		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs	
(and d/b/a):		MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 136 ELM ST, NORTH EASTON, MA 02356-1462		Business Mailing Address: 1 Ashburton PI, Boston MA 02108	
Contract Manager: KRISTIN KENNEDY	Phone: 508-238-3160	Billing Address (if different):	
E-Mail: kkennedy@easton.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191783		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000007	
(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 AMENDI	NENT
PROCUREMENT OR EXCEPTION TYPE: (Check on		Enter Current Contract End Date <u>Prior</u> to Amendment:	
Statewide Contract (OSD or an OSD-designated		Enter Amendment Amount: \$ (or "no change")	
Collective Purchase (Attach OSD approval, scope Department Procurement (includes all Grants - 8	e, budget)	AMENDMENT TYPE: (Check one option only. Attach de Amendment to Date, Scope or Budget (Attach update	ed scope and hudget)
Notice or RFR, and Response or other procureme	ent supporting documentation)	Interim Confract (Atlach justification for Interim Contra	ot and updated scoce/budget)
Emergency Contract (Attach justification for emer	gency, scope, budget)	Contract Employee (Attach any updates to scope or bu	udget)
Contract Employee (Attach Employment Status F X_ Other Procurement Exception (Attach authorizi	orm, scope, budget) ng language, legislation with	Other Procurement Exception (Attach authorizing land	guage/justification and updated
specific exemption or earmark, and exception justif	ication, scope and budget)	scope and budget)	
into this Contract and are legally binding: (Check of	ONE option): <u>Commonwealth I</u>	lowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Condit	ions For Human and Social
Services Commonwealth IT Terms and Conditions		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 tun	horized performance accepted in accordance with the terms ds, subject to intercept for Commonwealth owed debts under	010 CIVIN 9.00.
X Rate Contract, (No Maximum Obligation) Attact	n details of all rates, units, calculati	ons, conditions of terms and any changes if rates of terms at	e being amended.)
		this contract (or <i>new</i> total if Contract is being amended). \$ _	
PROMPT PAYMENT DISCOUNTS (PPD): Commonway	wealth payments are issued throug	h EFT 45 days from invoice receipt. Contractors requesting a	ccelerated payments must identify
a PPD as follows: Payment issued within 10 days _	_% PPD; Payment issued within 1	5 days % PPD; Payment issued within 20 days % PP is day cycle statutory/legal or Ready Payments (M.G.L. c.	29, § 23A); only initial payment
(subsequent nayments scheduled to support standard	EFT 45 day payment cycle. See I	Prompt Pay Discounts Policy.)	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COL
PRICE DECORIDATION OF CONTRACT DEDECORMA	NCE OF DEASON FOR AMENDM	FNT: This 10-year contract will cover grant funds to municipa	al Councils on Aging (COA) of the
MACLid- seeigl and support conjugat to older adul	the their families and caregivers	formance period for year one of this contract is 7/1/2021-6/30 the annual award is determined by the number of elders per in the solution of the province of t	fluilicipality as per the most recent
This	contract will cover any rate adjust	ment or increase diffing the 10-year beriog, Each fluthcibal (JOA WIII COMPLETE an annual modal
report describing how these grant funds were applied the prior obligation for year one is funded in the FY22	All approved obligations incurred	prior to the latest signature date are intended to be part of it	is agreement and the amount of
the prior obligation for year one is funded in the FYZZ	on only) The Department and Cont	ractor certify for this Contract, or Contract Amendment, that C	Contract obligations:
1 may be incurred as of the Effective Date (latest	signature date below) and no oblig	gations have been incurred <u>prior</u> to the Effective Date.	
2 may be incurred as of 20 a date 14	TFR than the Effective Date below	y and no obligations have been incurred prior to the Effective	e Date.
V 0	a DDIOD to the Effective Date held	w and the parties agree that payments for any obligations in	ncurred prior to the Effective Date
are authorized to be made either as settlement p	Dayments or as authorized reimbur Acceptance of payments forever	sement payments, and that the details and circumstances of releases the Commonwealth from further claims related to the	nese obligations.
CONTRACT THE DATE: Contract performance of	all terminate as of June 30 2	n 32 with no new obligations being incurred after this d	ate unless the Contract is properly
I am a deal and ideal that the tarms of this Contract of	and nortermance evacriations and	nninging shall strivive its termination for the burbose of	10301villig city oldilli et diepatri
completing any negotiated terms and warranties, to a	allow any close out or transition per	formance, reporting, invoicing or final payments, or during ar	ly lapse between amendments.
CERTIFICATIONS: Notwithstanding verbal or other	representations by the parties, th	e "Effective Date" of this Contract or Amendment shall be	the latest date that this Contract or
The Contractor and if on that they have an	paccod and reviewed all document	artment, or a later Contract or Amendment Start Date speci s incorporated by reference as electronically published and the	6 Contractor marco an continuations
Amendment has been executed by an authorized signatory of the Contractor, the Department, of a later 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 and penalties of perjury, and further agrees to provide any required documentation.			
required under the Standard Contract Form instructions and Contractor Certifications under the 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 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 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 Ports.			I dilli, the otandard contract i
I do to the Contract for December (DED) or other of		collectation the Contractor's Response textinuing any lang	luade strickers by a bopartiment
unacceptable and additional negotiated terms, provided that additional negotiated term made using the process outlined in 101 CMR 21,07, incorporated herein, provided that		se will take precedence over the relevant lettils in the DCD at	id the Contractor a recoporate only
made using the process outlined in 201 CMR 21.97, Contract.	incorporated herein, provided that	any amended N. K. of Nesponse terms result in best value,	
AUTHORIZING SIGNATURE FOR THE CONTRAC	TOR:	AUTHORIZING SIGNATURE FOR THE COMMONWE	ALTH: 20/01-0
X: () () ()	. Date: 2-2321	X: /// . D	ate: 719100.
Signature and Date Must Be Captured	At Time of Signature)	(Signature and Date Must Be Captured A	t Time of Signature)
Print Name: (MWOY Geed	-A-· 1	Print Name: All Palman	New and I was
AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: (Signature and Date Must be Captured At Time of Signature) Print Name: (Signature and Date Must be Captured At Time of Signature) Print Title: (Signature and Date Must be Captured At Time of Signature) Print Name: (Signature and Date Must be Captured At Time of Signature) Print Name: (Signature and Date Must be Captured At Time of Signature) Print Name: (Signature and Date Must be Captured At Time of Signature) Print Title: (Signature and Date Must be Captured At Time of Signature)			THUNNEL MA



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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: https://www.mass.gov/lists/osd-forms.
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Forms are also posted at OSD Forms: https://www.mass		stors are required to access published forms at CTXT offis. It	ips.//www.macomptiolier.org/forms.	
CONTRACTOR LEGAL NAME: TOWN OF EDGARTOWN		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs		
(and d/b/a):		MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 70 MAIN ST, EDGARTOWN, MA 02539-8238		Business Mailing Address: 1 Ashburton PI, Boston M.	A 02108	
Contract Manager: LYNDSAY FAMARRIS	Phone: 508-627-4368	Billing Address (if different):		
E-Mail: pmohair@edgartown-ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191784		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 020822000000000000007		
(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 CONTRAC	ст	CONTRACT AMENDA	NENT	
PROCUREMENT OR EXCEPTION TYPE: (Check on	e option only)	Enter Current Contract End Date <u>Prior</u> to Amendment: _		
Statewide Contract (OSD or an OSD-designated I		Enter Amendment Amount: \$ (or "no change")		
Collective Purchase (Attach OSD approval, scope Department Procurement (includes all Grants - 81		AMENDMENT TYPE: (Check one option only. Attach de Amendment to Date, Scope or Budget (Attach update	A TOTAL TO THE PARTY OF THE PAR	
Notice or RFR, and Response or other procureme	nt supporting documentation)	Interim Contract (Attach justification for Interim Contract		
Emergency Contract (Attach justification for emergency Contract Employee (Attach Employment Status For Employment Status For Employment Status For Employee)		Contract Employee (Attach any updates to scope or bu	udget)	
X Other Procurement Exception (Attach authorizing		 Other Procurement Exception (Attach authorizing lang scope and budget) 	guage/justification and updated	
specific exemption or earmark, and exception justific		lowing Commonwealth Terms and Conditions document	are incornerated by reference	
		erms and Conditions X Commonwealth Terms and Conditions		
in the state accounting system by sufficient appropriati	ions or other non-appropriated fund	horized performance accepted in accordance with the terms of ds, subject to intercept for Commonwealth owed debts under	815 CMR 9.00	
		ons, conditions or terms and any changes if rates or terms an 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 15 reason: X agree to standard 45	n EFT 45 days from invoice receipt. Contractors requesting act 5 days % PPD; Payment issued within 20 days % PPI day cycle statutory/legal or Ready Payments (M.G.L. c. 2 Prompt Pay Discounts Policy.)	D; Payment issued within 30 days	
BRIEF DESCRIPTION OF CONTRACT PERFORMAN Commonwealth 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 report describing how these grant funds were applied. the prior obligation for year one is funded in the FY22	NCE or REASON FOR AMENDME nd other sources. The activity perficts, their families and caregivers. The contract will cover any rate adjustn All approved obligations incurred award. The deadline to submit the	ENT: This 10-year contract will cover grant funds to municipal primance period for year one of this contract is 7/1/2021-6/30/ the annual award is determined by the number of elders per mannent or increase during the 10-year period. Each municipal C prior to the latest signature date are intended to be part of the signed contract is 6/30/22. MA #2.	/2022. The COAs established by nunicipality as per the most recent COA will complete an annual fiscal is agreement and the amount of	
		actor certify for this Contract, or Contract Amendment, that C	ontract obligations:	
1. may be incurred as of the Effective Date (latest s		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	Data	
X 3. were incurred as of _July 1 , 20 21 , a date are authorized to be made either as settlement page.	PRIOR to the Effective Date below ayments or as authorized reimburs	w, and the parties agree that payments for any obligations inc ement payments, and that the details and circumstances of a releases the Commonwealth from further claims related to the	curred prior to the Effective Date all obligations under this Contract	
CONTRACT END DATE: Contract performance 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: Signature and Date Must Be Captured A Print Name: LYNDSAY TAMES	Date: $\frac{2/22/22}{\text{t Time of Signature}}$	X:	e:	
Print Title: A DM INISTRATOR . Print Title: Vi MC		Print Title: Director of Contracts and	Accornillas	

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

orms are also posted at OSD Forms: https://www.mass	s.gov/lists/osd-forms.	man description description of			
CONTRACTOR LEGAL NAME: TOWN OF EGREMO	NT	COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs			
and d/b/a):		MMARS Department Code: ELD			
Legal Address: (W-9, W-4): PO BOX 368, SOUTH EGREMONT, MA 01258-0368		Business Mailing Address: 1 Ashburton PI, Boston MA 02108			
Contract Manager: BRUCE BERNSTEIN	Phone: 413-528-0182	Billing Address (if different):	Db - 11 - 12 - 12 - 12 - 12 - 12 - 12 - 1		
E-Mail: coa@egremont-ma.gov	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419		
Contractor Vendor Code: VC6000191785		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368		
Vendor Code Address ID (e.g. "AD001"): AD 001 .	2.5	MMARS Doc ID(s): 02082200000000000007			
(Note: The Address ID must be set up for EFT paym	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s.			
_X NEW CONTRA	СТ	CONTRACT AMENI			
PROCUREMENT OR EXCEPTION TYPE: (Check on		Enter Current Contract End Date <u>Prior</u> to Amendment: Enter Amendment Amount: \$ (or "no change	, 20		
Statewide Contract (OSD or an OSD-designated	Department)	AMENDMENT TYPE: (Check one option only. Attach	details of amendment changes.)		
Collective Purchase (Attach OSD approval, scope Department Procurement (includes all Grants - 8	15 CMR 2.00) (Solicitation	Amendment to Date, Scope or Budget (Attach upda	ated scope and budget)		
Notice or RFR, and Response or other procureme	ent supporting documentation)	Interim Contract (Attach justification for Interim Cont	ract and updated scope/budget)		
Emergency Contract (Attach justification for emer Contract Employee (Attach Employment Status F	gency, scope, budget) orm, scope, budget)	Contract Employee (Attach any updates to scope or	budget)		
X Other Procurement Exception (Attach authorizi	ng language, legislation with	Other Procurement Exception (Attach authorizing la scope and budget)	inguage/justification and updated		
specific exemption or earmark, and exception justif	tractor Certifications and the following	owing Commonwealth Terms and Conditions docume	nt are incorporated by reference		
into this Contract and are legally binding: (Check C Services Commonwealth IT Terms and Conditions	ONE option): <u>Commonwealth 16</u>	erms and Conditions X Commonwealth Terms and Cond	dilions for Human and Social		
COMPENSATION: (Check ONE ontion): The Departm	nent certifies that payments for auth	norized performance accepted in accordance with the term	s of this Contract will be supported		
in the state accounting system by sufficient appropriat	tions or other non-appropriated tune	ds, subject to intercept for Commonwealth owed debts und ons, conditions or terms and any changes if rates or terms	let 813 CIVIN 9.00.		
Maximum Obligation Contract. Enter total maxim	num obligation for total duration of	this contract (or <i>new</i> total if Contract is being amended). \$			
		EFT 45 days from invoice receipt. Contractors requesting			
a DDD as follows: Paymont issued within 10 days	% PPD: Payment issued within 15	days % PPD: Payment issued within 20 days % r	FD, Fayment issued within 30 days		
% PPD. If PPD percentages are left blank, identify (subsequent payments scheduled to support standard	reason: X agree to standard 45	day cycle statutory/legal of Ready Payments (M.G.L.)	29, § 23A); only initial payment		
DDIEC DESCRIPTION OF CONTRACT DEPENDING	NCE OF REASON FOR AMENDME	•NT: This 10-year contract will cover grant funds to munici	pal Councils on Aging (COA) of the		
Commonwoolth authorized through the annual GAA a	and other sources. The activity perfo	ormance period for year one of this contract is //1/2021-b/s	30/2022. The COAs established by		
conque data at a gurrent rate of \$12 per person. This	contract will cover any rate adjustn	ne annual award is determined by the number of elders pen nent or increase during the 10-year period. Each municipa	I COA WIII complete an annual liscal		
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 #2.			
ANTICIPATED START DATE: (Complete ONE option	on only) The Department and Contra signature date below) and no oblig	actor certify for this Contract, or Contract Amendment, that ations have been incurred prior to the Effective Date.	Contract obligations.		
2 may be incurred as of 20 a date LA	TER than the Effective Date below	and no obligations have been incurred prior to the Effect	ive Date.		
V 2 were incurred as of July 1 20 21 a dat	o PRIOR to the Effective Date help	w and the parties agree that payments for any obligations	incurred prior to the Effective Date		
are authorized to be made either as settlement r	payments or as authorized reimburs	ement payments, and that the details and circumstances or releases the Commonwealth from further claims related to	of all obligations under this contract		
are attached and incorporated into this Contract	Acceptance of payments lorever i	32 , with no new obligations being incurred after this	date unless the Contract is properly		
amonded provided that the terms of this Contract s	and performance expectations and	obligations shall survive its termination for the purpose of	of testiving arry ciains of dispute, for		
completing any negotiated terms and warranties, to a	llow any close out or transition perf	ormance, reporting, invoicing or final payments, or during	any lapse between amendments.		
completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments. CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that the contract or Amendment shall be the latest date that the contract or Amendment shall be the latest date that the contract or Amendment shall be the latest date that the contract or Amendment shall be the latest date that					
approvale. The Contractor cortifies that they have acc	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					
have in according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Form Form Form Form Form Form Form			CL FORM, the Standard Contract Form		
Instructions and Contractor Cortifications, the Reguest for Response (RER) or other solicitation, the Contractor's Response (excluding any language stricker by a Dep			iquage stricker 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 Responmade 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			, lower costs, or a more cost effective		
Contract.	Contract.				
AUTHORIZING SIGNATURE FOR THE CONTRACT		AUTHORIZING SIGNATURE FOR THE COMMONW			
X: (Signature and Date Must Be Captured	. Date: 2/17/22	X: (Signature and Date Must Be Captured	Date: 1/9/0C .		
(Signature and Date Must Be Captured	At Time of Signature)				
Print Name: George W McGur	n	A Land Carlon	on Alcovilles		
Print Title: Chairman Be S. Print Title: VIWON OF 10000015 ON MILOUMAN					



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: https://www.maccomptroller.org/forms.

Forms are also posted at OSD Forms: https://www.maccomptroller.org/forms.

roinis are also posted at OSD roinis. https://www.mass	<u>s.gov/iists/osu-iornis</u> .		
CONTRACTOR LEGAL NAME: TOWN OF ERVING (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 12 E MAIN ST, ERVING, MA 01344-9717		Business Mailing Address: 1 Ashburton Pl, Boston M	IA 02108
Contract Manager: PAULA BETTERS	Phone: 413-423-3649	Billing Address (if different):	
E-Mail: seniorcenter.paula.betters@erving- ma.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419
Contractor Vendor Code: VC6000191786		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD 001.	E 1050	MMARS Doc ID(s): 02082200000000000007	
(Note: The Address ID must be set up for EFT payme	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	В
X NEW CONTRAC		CONTRACT AMEND	
PROCUREMENT OR EXCEPTION TYPE: (Check on		Enter Current Contract End Date <u>Prior</u> to Amendment:	
Statewide Contract (OSD or an OSD-designated I Collective Purchase (Attach OSD approval, scope		Enter Amendment Amount: \$ (or "no change" AMENDMENT TYPE: (Check one option only. Attach de	Statement on the state of the s
Department Procurement (includes all Grants - 81	15 CMR 2.00) (Solicitation	Amendment to Date, Scope or Budget (Attach update	
Notice or RFR, and Response or other procureme Emergency Contract (Attach justification for emergency		Interim Contract (Attach justification for Interim Contra	rest former to the second of the gr
Contract Employee (Attach Employment Status Fo		Contract Employee (Attach any updates to scope or be	
X Other Procurement Exception (Attach authorizin specific exemption or earmark, and exception justific		 Other Procurement Exception (Attach authorizing language) 	guage/justification and updated
		lowing Commonwealth Terms and Conditions document	are incorporated by reference
into this Contract and are legally binding: (Check C Services Commonwealth IT Terms and Conditions	NE option): <u>Commonwealth T</u>	erms and Conditions X Commonwealth Terms and Condit	ions For Human and Social
		horized performance accepted in accordance with the terms	
		ds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms ar	
Maximum Obligation Contract. Enter total maxim	num obligation for total duration of	this contract (or <i>new</i> total if Contract is being amended). \$ _	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days% PPD; Payment issued within 15 days% PPD; Payment issued within 20 days% PPD; Payment issued within 30 days% PPD. If PPD percentages are left blank, identify reason: X_agree to standard 45 day cyclestautory/legal or Ready Payments (M.G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.) BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: This 10-year contract will cover grant funds to municipal Councils on Aging (COA) of the Commonwealth authorized through the annual GAA and other sources. The activity performance period for year one of this contract is 7/1/2021-6/30/2022. The COAs established by MGL provide social and support services to older adults, their families and caregivers. The annual award is determined by the number of elders per municipality as per the most recent census data, at a current rate of \$12 per person. This contract will cover any rate adjustment or increase during the 10-year period. Each municipal COA will complete an annual fiscal			
report describing how these grant funds were applied. the prior obligation for year one is funded in the FY22 a		prior to the latest signature date are intended to be part of the signed contract is 6/30/22. MA #2.	is agreement and the amount of
		actor certify for this Contract, or Contract Amendment, that C	ontract obligations:
1. may be incurred as of the Effective Date (latest s			
		and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	
are authorized to be made either as settlement pa	ayments or as authorized reimburs	w, and the parties agree that payments for any obligations inc ement payments, and that the details and circumstances of	all obligations under this Contract
are attached and incorporated into this Contract.	Acceptance of payments forever r	releases the Commonwealth from further claims related to the	ese obligations.
amended, provided that the terms of this Contract an	id performance expectations and	32 , with no new obligations being incurred after this da obligations shall survive its termination for the purpose of r ormance, reporting, invoicing or final payments, or during any	esolving any claim or dispute, for
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract. AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: Signature and Date Must Be Captured At Time of Signature) Print Name: Print Title: Print Title:			

Ea

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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 and Contractor Certifications</u>, the <u>Commonwealth Terms and Conditions for Human and Social Services</u> or the <u>Commonwealth IT Terms and Conditions</u> which are incorporated by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access published forms at CTR Forms: https://www.macomptroller.org/forms. Forms are also posted at OSD Forms: https://www.macs.gov/lists/osd-forms.

Forms are also posted at OSD Forms: https://www.mass.gov/lists/osd-forms.				
CONTRACTOR LEGAL NAME: TOWN OF ESSEX (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive C	ffice of Elder Affairs	
Legal Address: (W-9, W-4): 30 MAIN ST, ESSEX, MA 01929-1247		Business Mailing Address: 1 Ashburton PI, Boston M	A 02108	
Contract Manager: KRISTIN CROCKETT	Phone: 978-768-7932	Billing Address (if different):		
E-Mail: coa@essexma.org	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000191787		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001.		MMARS Doc ID(s): 02082200000000000007		
(Note: The Address ID must be set up for EFT paym	ents.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 85	3	
X NEW CONTRA	СТ	CONTRACT AMENDA		
PROCUREMENT OR EXCEPTION TYPE: (Check on	e option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:		
Statewide Contract (OSD or an OSD-designated I	Department)	Enter Amendment Amount: \$ (or "no change")		
Collective Purchase (Attach OSD approval, scope Department Procurement (includes all Grants - 8	, budget)	AMENDMENT TYPE: (Check one option only. Attach de		
Notice or RFR, and Response or other procureme	ent supporting documentation)	Amendment to Date, Scope or Budget (Attach update		
Emergency Contract (Attach justification for emergency Contract)	gency, scope, budget)	Interim Contract (Attach justification for Interim Contract Contract Employee (Attach any updates to scope or but		
Contract Employee (Attach Employment Status Fo _X_ Other Procurement Exception (Attach authorizing	orm, scope, budget)	Other Procurement Exception (Attach authorizing lang	ruaget)	
specific exemption or earmark, and exception justifi	cation, scope and budget)	scope and budget)	juage/justilication and updated	
The Standard Contract Form Instructions and Continto this Contract and are legally binding: (Check Carrices Commonwealth IT Terms and Conditions	tractor Certifications and the follows:Commonwealth T	Illowing Commonwealth Terms and Conditions document erms and Conditions X Commonwealth Terms and Conditions	are incorporated by reference ons For Human and Social	
X Rate Contract. (No Maximum Obligation) Attach	ons or other non-appropriated fun details of all rates, units, calculati	horized performance accepted in accordance with the terms of ds, subject to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms are this contract (or new total if Contract is being amended).	815 CMR 9 00	
		h EFT 45 days from invoice receipt. Contractors requesting ac		
a PPD as follows: Payment issued within 10 days	% PPD; Payment issued within 19 reason: X agree to standard 45	5 days % PPD; Payment issued within 20 days % PPI day cycle statutory/legal or Ready Payments (M.G.L. c. 3). Payment issued within 30 days	
BRIEF DESCRIPTION OF CONTRACT PERFORMAN	ICE or REASON FOR AMENDME	ENT: This 10-year contract will cover grant funds to municipal	Councils on Aging (COA) of the	
Commonwealth authorized through the annual GAA ar MGL provide social and support services to older adult	id other sources. The activity performs their families and caregivers. To	ormance period for year one of this contract is 7/1/2021-6/30/. the annual award is determined by the number of elders per m	2022. The COAs established by	
census data, at a current rate of \$12 per person. This of	contract will cover any rate adjustr	nent or increase during the 10-year period. Each municipal Co	OA will complete an annual fiscal	
report describing how these grant funds were applied. the prior obligation for year one is funded in the FY22 a	All approved obligations incurred	prior to the latest signature date are intended to be part of this	s agreement and the amount of	
ANTICIPATED START DATE: (Complete ONE option	only) The Department and Contr	actor certify for this Contract, or Contract Amendment, that Co	entract obligations:	
1. may be incurred as of the Effective Date (latest s	ignature date below) and no oblig	ations have been incurred prior to the Effective Date.	muact obligations.	
2. may be incurred as of, 20, a date LAT	TER than the Effective Date below	and no obligations have been incurred prior to the Effective	Date.	
X 3. were incurred as of July 1, 20 21, a date	PRIOR to the Effective Date below	w, and the parties agree that payments for any obligations inc	urred prior to the Effective Date	
are attached and incorporated into this Contract.	Acceptance of payments forever r	ement payments, and that the details and circumstances of a releases the Commonwealth from further claims related to the	Il obligations under this Contract	
		32 , with no new obligations being incurred after this dat		
amended, provided that the terms of this Contract an	d performance expectations and	obligations shall survive its termination for the nurnose of re	esolving any claim or dispute for	
	the state of the s	ormance, reporting, invoicing or final payments, or during any		
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.				
AUTHORIZING SIGNATURE FOR THE CONTRACTO	R:	AUTHORIZING SIGNATURE FOR THE COMMONWEAL	.TH:	
	Date: 4/28/2022	X: M. S. VI. Date	: <u> </u>	
(Signature and Date Must Be Captured Af	Time of Signature)	(Signature and Date Must Be Captured At	fime of Signature)	
Print Title: Chairman, Boot S	o/.	Print Name: Ann Bellman		
Print Title: Diality of Contracts and Accounting				



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

Tomis are also posted at OSD Forms, https://www.mass	s.gov/lists/osd-forms.			
CONTRACTOR LEGAL NAME: CITY OF EVERETT (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Elder Affairs MMARS Department Code: ELD		
Legal Address: (W-9, W-4): 484 BROADWAY, EVER	ETT, MA 02149-3694	Business Mailing Address: 1 Ashburton PI, Boston N	/IA 02108	
Contract Manager: DALE PALMA	Phone: 617-394-2323	Billing Address (if different):		
E-Mail: dale.palma@ci.everett.ma.us	Fax:	Contract Manager: Stacey Anne O'Connell	Phone: 617-222-7419	
Contractor Vendor Code: VC6000192088		E-Mail: Stacey.oconnell@mass.gov	Fax: 617-727-9368	
Vendor Code Address ID (e.g. "AD001"): AD 001 .		MMARS Doc ID(s): 02082200000000000007		
(Note: The Address ID must be set up for EFT payme	ients.)	RFR/Procurement or Other ID Number: MGL c. 40 s. 8	B	
_X NEW CONTRAC	СТ	CONTRACT AMENDI		
PROCUREMENT OR EXCEPTION TYPE: (Check one	ie option only)	Enter Current Contract End Date <u>Prior</u> to Amendment:		
Statewide Contract (OSD or an OSD-designated Described Purchase (Attach OSD approval, scope)Department Procurement (includes all Grants - 81	Department) a, budget) 15 CMR 2.00) (Solicitation ent supporting documentation) rgency, scope, budget) form, scope, budget) fing language, legislation with fication, scope and budget)	Enter Amendment Amount: \$ (or "no change" AMENDMENT TYPE: (Check one option only. Attach do Amendment to Date, Scope or Budget (Attach update Interim Contract (Attach justification for Interim Contract Contract Employee (Attach any updates to scope or but Other Procurement Exception (Attach authorizing land scope and budget)	Enter Amendment Amount: \$ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) _ Amendment to Date, Scope or Budget (Attach updated scope and budget) _ Interim Contract (Attach justification for Interim Contract and updated scope/budget) _ Contract Employee (Attach any updates to scope or budget) _ Other Procurement Exception (Attach authorizing language/justification and updated	
Services Commonwealth IT Terms and Conditions	DNE option): Commonwealth To	Ilowing Commonwealth Terms and Conditions document Ferms and Conditions X Commonwealth Terms and Conditions	tions For Human and Social	
X Rate Contract. (No Maximum Obligation) Attach	ions or other non-appropriated fund details of all rates, units, calculation	thorized performance accepted in accordance with the terms of the desired to intercept for Commonwealth owed debts under ons, conditions or terms and any changes if rates or terms are this contract (or new total if Contract is being amended). \$_	1815 CMP 0 00	
	,% PPU; Payment issued within 15 reason: X agree to standard 45 EFT 45 day payment cycle. See P VCE or REASON FOR AMENDME	ENT: This 10-year contract will cover grant funds to municipal	D; Payment issued within 30 days 29, § 23A); only initial payment	
MGL provide social and support services to older adults census data, at a current rate of \$12 per person. This coreport describing how these grant funds were applied. In the prior obligation for year one is funded in the FY22 at	no other sources. The activity performs, the state of the sources. The contract will cover any rate adjustment all approved obligations incurred award. The deadline to submit the	ormance period for year one of this contract is 7/1/2021-6/30/ he annual award is determined by the number of elders per ment or increase during the 10-year period. Each municipal C prior to the latest signature date are intended to be part of thi s signed contract is 6/30/22. MA #2.	/2022. The COAs established by nunicipality as per the most recent cOA will complete an annual fiscal is agreement and the amount of	
ANTICIPATED START DATE: (Complete ONE option	only) The Department and Contra	actor certify for this Contract, or Contract Amendment, that Co	ontract obligations:	
1. may be incurred as of the Effective Date (latest sig2. may be incurred as of, 20, a date LAT)	gnature date below) and no obliga	ations have been incurred <u>prior</u> to the Effective Date. and <u>no</u> obligations have been incurred <u>prior</u> to the Effective	A. 4	
X 3. were incurred as of <u>July 1</u> , 20 <u>21</u> , a date I are authorized to be made either as settlement pay are attached and incorporated into this Contract. A	PRIOR to the Effective Date below syments or as authorized reimbursed Acceptance of payments forever re	 and the parties agree that payments for any obligations incement payments, and that the details and circumstances of a eleases the Commonwealth from further claims related to the 	curred prior to the Effective Date all obligations under this Contract ase obligations.	
completing any negotiated terms and warranties, to allow	ow any close out or transition perfo	32 , with no new obligations being incurred after this dat obligations shall survive its termination for the purpose of re ormance, reporting, invoicing or final payments, or during any	esolving any claim or dispute, for a 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 nerein 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: AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: (Signature and Date Must Be Captured At Time of Signature) Print Name: Print Title: Director Controller AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: (Signature and Date Must Be Captured At Time of Signature) Print Name: Print Title: Director Controller Director Controller Director Controller Controller Controller Director Controller Cont				

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